

Department of Health and Human Services
Budget Summary
State Fiscal Years Ending June 30, 2010 to 2013



HIGH COST SERVICES BY CLIENT CATEGORY
Senate Finance Discussion Document
Prepared April 5, 2011

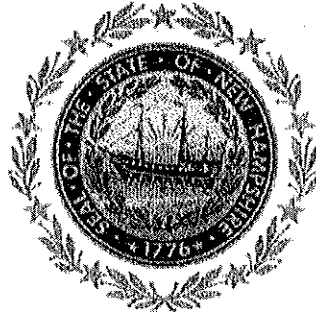
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2	BUDGET SUMMARY-HIGH COST SERVICES										
3	GENERAL FUNDS-ROUNDED TO \$000										
4											
5	Narrative	Division		SFY10	SFY11	SFY12	SFY13	SFY12	SFY13	SFY12	SFY13
6	Page No.			Actual	Adj Auth	Maint Req	Maint Req	Governor	Governor	House	House
7											
8	7	DCYF	DCYF - PREVENTION PROGRAMS	\$2,388	\$1,560	\$1,500	\$1,530	\$0	\$0	\$0	\$0
9	8	DPHS	EMERGENCY PREPAREDNESS	\$1,183	\$1,175	\$1,163	\$1,179	\$1,147	\$1,161	\$834	\$773
10	8	DPHS	EMER PREP CARRYFORWARD	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
11	9	DPHS	TOBACCO PREVENTION FEDERAL	\$62	\$64	\$125	\$125	\$125	\$125	\$0	\$0
12	10	DPHS	COMPREHENSIVE CANCER	\$170	\$171	\$170	\$170	\$170	\$170	\$170	\$170
13	12	DPHS	HOSPITAL PREPAREDNESS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
14	13	DPHS	RYAN WHITE TITLE II	\$0	\$31	\$102	\$103	\$102	\$103	\$101	\$102
15	13	DPHS	BOSTON EMA TITLE I	\$515	\$580	\$580	\$580	\$580	\$580	\$580	\$580
16	13	DPHS	HIV/AIDS PREVENTION	\$255	\$108	\$180	\$180	\$180	\$180	\$110	\$165
17	15	DPHS	FOOD PROTECTION	\$734	\$957	\$1,070	\$998	\$1,056	\$980	\$1,056	\$980
18	17	DPHS	FDA FERN Grant (CHEMISTRY)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
19	17	DPHS	USDA FERN GRANT	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
20	17	DPHS	RED TIDE	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
21	17	DPHS	FED FERN MICRO (FDA)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
22	17	DPHS	FDA FERN RADIOCHEMISTRY	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
23	17	DPHS	STATE BASED BIOMONITORING	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
24	17	DPHS	ASSOC OF PUBLIC HEALTH LABS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
25	17	DPHS	EMER RESPONSE RADIOCHEMISTRY	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
26	17	DPHS	PUBLIC HEALTH LAB	\$2,121	\$2,558	\$2,770	\$2,779	\$2,623	\$2,622	\$2,506	\$2,505
27	19	DPHS	STATE LOAN REPAYMENT	\$285	\$400	\$400	\$400	\$400	\$400	\$400	\$400
28	20	OMBP	BCC PROGRAM	\$789	\$1,321	\$1,090	\$1,143	\$1,090	\$1,143	\$1,090	\$1,143
29			WELLNESS & PREVENTION	\$8,502	\$8,925	\$9,150	\$9,187	\$7,473	\$7,464	\$6,847	\$6,818
30											
31	23	DCYF	CHILD - FAMILY (ABUSE & NEGLECT)	\$15,909	\$17,201	\$15,959	\$16,296	\$13,313	\$12,937	\$12,447	\$12,009
32	24	DCYF	CHILD - FAMILY (CHINS)	\$6,904	\$7,742	\$7,183	\$7,335	\$3,648	\$3,597	\$291	\$0
33	25	DCYF	CHILD - FAMILY (DELINQUENTS)	\$6,102	\$6,843	\$6,349	\$6,483	\$3,900	\$3,727	\$2,630	\$1,480
34	26	DCYF	DOMESTIC VIOLENCE PROGRAMS	\$351	\$319	\$319	\$319	\$303	\$303	\$153	\$153
35	27	DCYF	CHILD PROTECTION	\$10,126	\$10,562	\$14,224	\$14,445	\$12,935	\$13,901	\$12,935	\$13,954
36	28	DCYF	JUVENILE FIELD SERVICES	\$6,176	\$6,289	\$7,260	\$7,390	\$6,962	\$7,003	\$6,962	\$7,003
37	29	DPHS	MATERNAL - CHILD HEALTH	\$4,609	\$4,933	\$5,250	\$5,222	\$3,238	\$3,208	\$3,063	\$2,981
38	31	DJJS	SUNUNU YOUTH SERVICES CENTER	\$15,134	\$15,336	\$16,301	\$16,506	\$15,733	\$15,887	\$15,923	\$16,085
39	32	BHHS	HOUSING - SHELTER PROGRAM	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
40	33	BHHS	EMERGENCY SHELTERS	\$4,036	\$3,982	\$4,154	\$4,222	\$3,858	\$3,853	\$3,858	\$3,853
41	34	DFA	EMPLOYMENT SUPPORTS	\$5,112	\$5,059	\$6,103	\$6,167	\$6,066	\$6,032	\$5,612	\$5,579
42	35	DCYF	CHILD DEVELOPMENT-OPERATIONS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
43	35	DCYF	CHILD DEVELOPMENT PROGRAM	\$12,857	\$14,649	\$18,427	\$18,427	\$10,057	\$10,090	\$10,057	\$10,090
44	36	DFA	TEMP ASSIST TO NEEDY FAMILIES	\$6,972	\$7,925	\$13,148	\$13,148	\$10,314	\$10,314	\$10,314	\$10,314
45	37	DFA	SEPARATE STATE TANF PROGRAM	\$212	\$288	\$293	\$299	\$293	\$299	\$293	\$299
46	38	DFA	STATE ASSIST. NON-TANF - IDP	\$3,861	\$5,212	\$5,733	\$5,850	\$4,747	\$4,762	\$4,747	\$4,763
47	39	DFA	STATE ASSIST. NON-TANF - UP	\$2,252	\$1,828	\$2,607	\$2,659	\$1,756	\$1,762	\$0	\$0
48	40	DCSS	CHILD SUPPORT SERVICES	\$3,776	\$3,053	\$3,933	\$3,957	\$3,711	\$3,718	\$3,240	\$3,246
49	40	DCSS	CHILD SUPPORT LEGAL	\$592	\$654	\$706	\$706	\$678	\$676	\$662	\$659
50	41	DPHS	FAMILY PLANNING PROGRAM	\$877	\$954	\$958	\$957	\$821	\$691	\$410	\$345
51	43	DPHS	VACCINES - INSURER	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
52	43	DPHS	IMMUNIZATION PROGRAM	\$573	\$458	\$472	\$486	\$472	\$486	\$472	\$486
53	44	DPHS	WIC FOOD REBATES	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
54	44	DPHS	WIC SUPPLEMENTAL NUTRITION PRG	\$0	\$11	\$10	\$10	\$10	\$10	\$0	\$0
55	45	OMBP	SCHIP	\$5,891	\$5,891	\$8,163	\$9,641	\$5,737	\$5,243	\$5,737	\$5,243
56	46	OMBP	MEDICAL SERVICES	\$122,623	\$138,667	\$144,729	\$159,417	\$120,577	\$122,170	\$78,263	\$76,710
57			CHILDREN & FAMILIES	\$234,945	\$257,856	\$282,281	\$299,942	\$229,129	\$230,669	\$178,069	\$175,252

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5	Narrative	Division		SFY10	SFY11	SFY12	SFY13	SFY12	SFY13	SFY12	SFY13
6	Page No.			Actual	Adj Auth	Maint Req	Maint Req	Governor	Governor	House	House
7											
59	67	BBH	MENTAL HEALTH-SPMI ADULTS	\$17,944	\$17,727	\$26,943	\$27,853	\$26,307	\$26,144	\$20,901	\$22,852
60	68	BBH	MENTAL HEALTH-MULTI AGENCY CHILDREN-MULTIPLE AGENCY	\$8,323	\$8,222	\$12,497	\$12,919	\$12,202	\$12,126	\$9,807	\$10,723
61	69	BBH	MENTAL HEALTH-SMI ADULTS	\$4,528	\$4,473	\$6,799	\$7,028	\$6,638	\$6,597	\$5,287	\$5,780
62	71	BBH	MENTAL HEALTH-SMD-CHILDREN	\$4,355	\$4,303	\$6,539	\$6,760	\$6,385	\$6,345	\$0	\$0
63	70	BBH	MENTAL HEALTH-LOW UTILIZERS	\$432	\$427	\$648	\$670	\$633	\$629	\$0	\$0
64	72	BBH	MENTAL HEALTH SERVICES-LESS SERIOUS ADULTS & CHILDREN	\$1,148	\$1,135	\$1,724	\$1,783	\$1,684	\$1,673	\$2,188	\$2,393
65	73	BBH	MENTAL HEALTH BLOCK GRANT	\$747	\$779	\$795	\$811	\$755	\$755	\$811	\$811
66	74	BBH	FAMILY MUTUAL SUPPORT SERVICES	\$384	\$398	\$394	\$409	\$374	\$374	\$389	\$389
67	75	BBH	DARTMOUTH EVID BASED TRAINING	\$1,916	\$2,221	\$3,026	\$3,254	\$2,933	\$3,128	\$2,514	\$2,708
68	76	BDAS	ALCOHOL & OTHER TRMT-BLK GRANT	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
69	77	BDAS	ALCOHOL & OTHER PREV-BLK GRANT	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
70	78	BDAS	TREATMENT & PREVENTION STATE	\$1,981	\$2,160	\$2,462	\$2,507	\$2,379	\$2,420	\$2,294	\$2,336
71	79	BDAS	GOVERNOR'S COMM-TREATMENT	\$2,477	\$2,607	\$2,607	\$2,607	\$2,058	\$1,941	\$1,533	\$1,388
72	80	BDAS	GOVERNOR'S COMM-Infrastructure	\$0	\$0	\$200	\$200	\$200	\$200	\$159	\$159
73	81	BDAS	GOVERNOR'S COMM-PREVENTION	\$1,061	\$1,117	\$1,117	\$1,117	\$968	\$918	\$0	\$0
74	82	BDAS	TIRRELL HOUSE SERVICES	\$394	\$470	\$475	\$480	\$379	\$379	\$379	\$379
75	83	BDAS	SAMHSA Grants (Treatment)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
76	84	NHH	NEW HAMPSHIRE HOSPITAL	\$41,504	\$45,114	\$49,320	\$49,824	\$44,576	\$41,657	\$43,544	\$42,594
77	84	NHH	TRANSITIONAL HOUSING	\$5,447	\$5,748	\$6,040	\$6,097			\$3,020	
78	85	GH	GLENCLIFF HOME	\$12,558	\$13,959	\$15,159	\$15,288	\$14,177	\$14,117	\$14,177	\$14,117
79	86	OMBP	MEDICAL SERVICES FOR MH & SA	\$23,235	\$26,507	\$26,597	\$28,893	\$23,274	\$23,906	\$16,596	\$16,628
80			MENTAL HEALTH & SUBSTANCE ABUSE	\$128,434	\$137,367	\$163,342	\$168,500	\$145,922	\$143,309	\$123,599	\$123,257
81											
82	91	BDS	DEVELOPMENTAL SERVICES	\$66,160	\$77,589	\$106,371	\$113,297	\$97,252	\$95,393	\$89,897	\$87,992
83	93	BDS	ACQUIRED BRAIN DISORDER	\$6,750	\$8,379	\$12,424	\$13,407	\$11,393	\$11,369	\$10,557	\$10,513
84	95	BDS	CHILDREN (IHS)	\$2,159	\$2,583	\$3,353	\$3,891	\$2,633	\$2,760	\$2,633	\$2,760
85	96	BDS	EARLY INTERVENTION	\$4,517	\$4,363	\$5,419	\$5,658	\$5,179	\$5,345	\$5,179	\$5,345
86	97	BDS	FAMILY SUPPORT SERVICES	\$2,703	\$2,616	\$3,736	\$4,769	\$3,545	\$3,621	\$1,772	\$1,810
87	98	BDS	SPECIAL MEDICAL SERVICES	\$1,807	\$2,025	\$2,676	\$2,730	\$2,517	\$2,554	\$2,507	\$2,542
88	99	BDS	INFANT - TODDLER PROGRAM PT-C	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
89	100	BDS	SOCIAL SERVICES BLOCK GRANT DD	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
90	101	BDS	MEDICAID TO SCHOOLS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
91	102	BDS	TWWIA	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
92	103	DFA	ANB GRANTS	\$1,107	\$1,091	\$1,096	\$1,096	\$433	\$404	\$433	\$404
93	104	DFA	APTD GRANTS	\$20,619	\$16,797	\$22,356	\$22,806	\$16,704	\$17,185	\$16,704	\$17,185
94	105	OMBP	MEDICAL SERVICES FOR DD	\$37,622	\$30,774	\$34,674	\$33,340	\$34,864	\$32,879	\$34,187	\$32,879
95			DEVELOPMENTALLY DISABLED	\$143,444	\$146,217	\$192,105	\$200,994	\$174,520	\$171,510	\$163,869	\$161,430
96											
97	111	BEAS	NURSING SERVICES-NURSING	\$9,696	\$10,678	\$38,012	\$45,499	\$31,355	\$37,764	\$31,355	\$37,764
98	113	BEAS	HOME & COMMUNITY BASED SERVICE	\$2,634	\$3,117	\$11,328	\$11,390	\$10,301	\$9,971	\$10,301	\$9,971
99	115	BEAS	MID-LEVEL CARE	\$331	\$541	\$1,626	\$1,818	\$1,614	\$1,810	\$1,614	\$1,810
100	116	BEAS	OTHER NURSING SERVICES	\$1,893	\$2,405	\$2,195	\$2,195	\$2,239	\$2,239	\$2,239	\$2,239
101	117	BEAS	LTC ASSESSMENT & COUNSELING	\$690	\$888	\$895	\$908	\$889	\$890	\$889	\$890
102	118	BEAS	CONGREGATE HOUSING	\$764	\$736	\$751	\$766	\$737	\$737	\$0	\$0
103	119	BEAS	SOCIAL SERVICES BLOCK GRANT	\$5,493	\$5,617	\$5,833	\$6,054	\$5,679	\$5,816	\$5,679	\$5,816
104	120	BEAS	PROSHARE	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
105	120	BEAS	MEDICAID QUALITY INCENTIVE PMT	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
106	122	DFA	OAA APTD GRANTS	\$2,816	\$2,697	\$3,116	\$3,179	\$2,763	\$2,846	\$2,763	\$2,846
107	123	BEAS	MEDICAL SERVICES FOR ELDERLY	\$24,826	\$25,849	\$28,818	\$31,903	\$27,301	\$29,366	\$24,962	\$26,847
108			SERVICES FOR ELDERLY	\$49,143	\$52,528	\$92,574	\$103,712	\$82,878	\$91,439	\$79,802	\$88,183
109											
110			ALL OTHER- NOT LISTED ABOVE	\$52,636	\$76,351	\$113,164	\$116,931	\$96,841	\$99,740	\$86,439	\$83,302
111			TOTAL BUDGET	\$617,104	\$679,244	\$852,616	\$899,266	\$736,763	\$744,131	\$638,625	\$638,242
112			HIGH COST PROGRAMS-% OF	91.5%	88.8%	86.7%	87.0%	86.9%	86.6%	86.5%	86.9%
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Department of Health and Human Services
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State Fiscal Years Ending June 30, 2010 to 2013
Senate Finance Discussion Document



Prepared April 5, 2011

WELLNESS & PREVENTION SERVICES

	A	B	C	D	E	F	G
1	Department of Health and Human Services						
2	Budget Adjustments Made During Governor & House Phases						
3	As of March 22, 2011						
4	Figures are General Funds Rounded to \$000						
5	Div	Client	Initiative	SFY12		SFY13	
6				Governor	House	Governor	House
7							
8	Wellness & Prevention						
9	DPHS	Wellness	Decrease funding for emergency preparedness		(\$312)		(\$388)
10	DPHS	Wellness	Suspend funding for Mosquito control		(\$180)		(\$180)
11	DPHS	Wellness	Eliminate general funds-tobacco prevention/quit line		(\$125)		(\$125)
12	DPHS	Wellness	Eliminate general funds for STD prevention		(\$344)		(\$344)
13	DPHS	Wellness	Reduction in Public health lab services		(\$150)		(\$150)
14	DPHS	Admin	Lab consolidation	(\$42)		(\$43)	
15	DPHS	Wellness	Eliminate funding for farmers market		(\$10)		(\$10)
16			Total Wellness Reductions	(\$42)	(\$1,121)	(\$43)	(\$1,197)
17							
18	Medicaid Medical Services All Clients						
19	OMBP	ALL	DSH: Uncompensated Care Fund	(\$20,071)	(\$55,668)	(\$21,677)	(\$60,014)
20	OMBP	Mcaid	Medicaid Managed Care	(\$1,000)		(\$15,000)	
21	OMBP	Mcaid	Continue suspension of DME & IME	(\$1,470)		(\$1,503)	
22	OMBP	Mcaid	Outpatient Prospective Payment savings		(\$3,000)		(\$3,000)
23	OMBP	Mcaid	Eliminate Catastrophic Payments to Hospitals	(\$1,345)		(\$1,372)	
24	OMBP	Mcaid	Continue suspension of Cost Settlement Payments 11	(\$1,939)		\$0	
25	OMBP	Mcaid	Continue suspension of Cost Settlement Payments 12	(\$2,014)		\$0	
26	OMBP	Mcaid	Continue suspension of Cost Settlement Payments 13	\$0		(\$1,877)	
27	OMBP	Mcaid	Elimination of Change Request: PCP Oral Health	(\$22)		(\$32)	
28	OMBP	Mcaid	Elimination of Change Request: Adult Dental	(\$4,364)		(\$4,864)	
29			Total Medicaid Medical Reductions	(\$32,225)	(\$58,668)	(\$46,325)	(\$63,014)
30							
31	Operations & Administration						
32	Var		Savings from Access/Front Door Initiative	(\$744)		(\$754)	
33	OCOMM		Savings From Right Sizing District Offices (Save 5)	(\$476)		(\$952)	(\$648)
34	BBH		Savings from restructuring CMHC Networks	\$0		(\$900)	
35	BDS		Savings from Right Sizing DDAA Networks	\$0		(\$900)	
36	NHH		Savings from 5% restructuring of operations		(\$1,049)		(\$1,090)
37	All		Savings from Regional Contracting	(\$1,250)		(\$2,500)	
38	Var		Administrative Reductions-Personnel	(\$5,558)	\$0	(\$5,708)	\$0
39	DCSS		Administrative Reductions-Non-Personnel	(\$2,005)	(\$74)	(\$2,465)	(\$223)
40	DCYF		Reduce Child Care Quality Spending	(\$308)		(\$323)	
41	OIS		Eliminate DHHS IT Change Projects	(\$5,089)		(\$2,173)	
42	OIS		Reductions in IT Spending	(\$2,964)	\$0	(\$3,119)	\$0
43	OOS		Implement Child Care License Fee - 5143	(\$41)	\$41	(\$41)	\$41
44	OOS		Community Residence License Fees - 5682	(\$66)	\$66	(\$66)	\$66
45	OOS		Child Care License Background Check Fee Eliminated-Org 5146	(\$47)	\$47	(\$48)	\$48
46	OOS		Revenue from Estate planning ability to place liens		(\$141)		(\$141)
47			Total Administrative Reductions	(\$18,548)	(\$1,110)	(\$19,949)	(\$1,947)

040-5857 DCYF/DJJS - PREVENTION PROGRAMS

CLIENT PROFILE

Services to families who are at potential risk for abusing or neglecting their children, and are coping with multiple stressors that put their children at risk of harm. In these cases, DCYF depends on a strong network of community services to support the family and prevent abuse or neglect. Families who are experiencing any number of stress factors and are at risk of child maltreatment and are at risk for entry into the child welfare system.

Rounded to \$000		TOTAL FUNDS	GENERAL FUNDS
SFY10	Actual	\$2,388	\$2,388
SFY11	Adj Auth	\$1,560	\$1,560
SFY12	Maint Req	\$1,500	\$1,500
SFY13	Maint Req	\$1,530	\$1,530
SFY12	Governor	\$0	\$0
SFY13	Governor	\$0	\$0
SFY12	House	\$0	\$0
SFY13	House	\$0	\$0

SERVICES PROVIDED

Families are referred to Incentive Fund Programs & Family Resource Centers across the state. Services provided include home visiting, child care resources & referral, child development education, parenting education & support, family mentoring, advocacy & life skills training, family empowerment, and information and referrals to other community based agencies as needed.

IMPACT IF SERVICES LOST

Loss of ability to refer at risk families to preventative program, resulting in child maltreatment and DCYF involvement in families due to abuse and neglect as a result of insufficient early intervention. Increase in placement of children in out of home care. Increase in court, services and placement costs. Increase in DCYF/DJJS caseloads.

090-5171 EMERGENCY PREPAREDNESS
090-9055 EMERGENCY PREPAREDNESS CARRYFORWARD

Rounded to \$000		EMERGENCY PREPAREDNESS		EMERGENCY PREPAREDNESS CARRYFORWARD	
		Total Funds	General Funds	Total Funds	General Funds
SFY10	Actual	\$6,488	\$1,183	\$122	\$0
SFY11	Adj Auth	\$5,992	\$1,175	\$2,799	\$0
SFY12	Maint Req	\$6,358	\$1,163	\$1,098	\$0
SFY13	Maint Req	\$6,449	\$1,179	\$1,098	\$0
SFY12	Governor	\$6,277	\$1,147	\$1,098	\$0
SFY13	Governor	\$6,358	\$1,161	\$1,098	\$0
SFY12	House	\$5,964	\$834	\$1,098	\$0
SFY13	House	\$5,969	\$773	\$1,098	\$0

SERVICES PROVIDED

Emergency Preparedness funds provide the staff and the contracted services to maintain national target capabilities to effectively respond to any event whether biological, chemical, radiological or naturally occurring health threats. The public health emergency preparedness programs build and sustain specific infrastructure that will decrease the time and increase the capacities to respond to any threat. Services include the systems and capacity to monitor and analyze infectious disease surveillance, laboratory testing, and ensure an infrastructure trained in incident response. Through emergency preparedness and response funds, public health staff routinely drill and exercise capabilities to identify gaps and develop improvement plans. Preparedness and response activities will provide emergency public information and warning when a threat occurs. Program activities across public health are targeted to decrease the time needed to identify the incident and provide information in order to protect the public including vulnerable populations. Preparedness funds provide for infectious disease expertise within public health to remain informed and respond to emerging threats.

IMPACT IF SERVICES LOST

- Clusters or outbreaks of infectious disease may not be identified and may further impact the public health due to limited systems to detect a potential or actual threat.
- Readiness and target capabilities to respond to an emergency event will not be further developed or tested which will negatively impact the state's response capacity.
- Statewide readiness and incident command training will not be conducted, drills and exercises will not be completed, plans will not be tested, and gaps not identified/addressed and effective and coordinated response will be hampered.
- Inability to inform statewide providers on medical advisories and practices due to limited staff with medical expertise.
- Lack of capacity to warn and inform the public during an emergency event.
- Without pandemic and emergency preparedness planning and exercises, the impact to an event may be more severe due to a lack of a coordinated and developed public health response system.

090-5608 TOBACCO PREVENTION FEDERAL

Rounded to \$000		TOTAL FUNDS	GENERAL FUNDS
SFY10	Actual	\$979	\$62
SFY11	Adj Auth	\$1,232	\$64
SFY12	Maint Req	\$1,007	\$125
SFY13	Maint Req	\$1,011	\$125
SFY12	Governor	\$999	\$125
SFY13	Governor	\$1,001	\$125
SFY12	House	\$874	\$0
SFY13	House	\$876	\$0

SERVICES PROVIDED

Through population based education, professional education, surveillance and service provision for quitting tobacco use, reduce youth initiation of tobacco use, reduce population exposure to second hand tobacco smoke, and provide services to NH adults who use tobacco products, to aid in quitting.

IMPACT IF SERVICES LOST

- NH health care providers would no longer have access to tobacco treatment resources for their patients that are trying to quit smoking, chewing, or dipping. This is an important public health and clinical tobacco treatment link. Many people who access quitline services are referred by a health care provider.
- Tobacco treatment materials would no longer be mailed to those requesting assistance for quitting tobacco use.
- Nicotine replacement therapy would NOT be available to callers from a low socioeconomic background.
- NH would be the only state in the country (and Canadian Provinces) with a reactive tobacco user's quitline. This means that Tobacco Treatment Specialists could provide services in real time only to incoming calls from NH residents. Outbound calls to support persons attempting to quit smoking would become cost prohibitive.
- Eligibility by callers to utilize no-cost services would be re-defined by DPHS.

090-5659 COMPREHENSIVE CANCER

Rounded to \$000		TOTAL FUNDS	GENERAL FUNDS
SFY10	Actual	\$1,863	\$170
SFY11	Adj Auth	\$1,889	\$171
SFY12	Maint Req	\$1,872	\$170
SFY13	Maint Req	\$1,896	\$170
SFY12	Governor	\$1,865	\$170
SFY13	Governor	\$1,888	\$170
SFY12	House	\$1,865	\$170
SFY13	House	\$1,888	\$170

SERVICES PROVIDED

The Comprehensive Cancer Collaboration is a consortium with representation from NH community organizations (including hospitals, cancer centers, non-profit health organizations, insurance providers, cancer survivors, etc.) that work in all areas of cancer control. The CCC works to reduce the incidence of, and morbidity and mortality from, the five most common cancers (lung, colorectal, breast, prostate, and skin cancer). CCC 100% federal funding supports one position who represents DPHS on the Collaboration, one contract for management services for the collaboration, and the cost of the development and implementation of the NH Cancer Control Plan (a plan to reduce the incidence, suffering and death from cancer in NH).

Reduces morbidity and mortality for breast and cervical cancer by enrolling 4,000 low income, uninsured/underinsured NH women ages 18 – 64 for free screening and diagnostic tests annually. Maintains database of enrolled clients, procedures provided, and screening results, for Quality Assurance oversight of local programs. Provides professional education to ensure high quality screening and diagnostic procedures.

Services include:

- Outreach and communication to inform low-income uninsured women age 18 – 64 about the free screening program;
- Pap tests to screen for cervical cancer;
- Clinical breast exams and mammograms to screen for breast cancer;
- Diagnostic services when clinically indicated, including breast ultrasound; breast biopsy; surgical consultation; and colposcopy;
- Case management for all women enrolled in the BCCP;
- Data collection to insure the quality of all aspects of the BCCP (screening procedures, case management and referrals);
- Professional education for program providers to insure the quality of the screening and diagnostic tests, and case management.

Services provided through 11 community health center contracts, two hospital contracts, and one administration center contract that subcontracts with 14 hospitals and provider offices.

IMPACT IF SERVICES LOST

Funds would not be available for the management of the collaboration and the objectives of the Comprehensive Cancer Control Plan would not be achieved.

4,000 low income, uninsured women would not be provided screening and diagnostic tests for breast and cervical cancer. Of the 4,000 women enrolled and those provided mammograms, approximately 24.7% (988 in actual numbers) will be referred for further diagnostic tests. Of those referred for further diagnostic tests, 2.6% (26 women) will be diagnosed with breast cancer. If these services are lost, these women will not receive the screening and diagnostic tests, and will not be provided a cancer diagnosis. Ongoing screening provides for an earlier diagnosis, easier course of cancer treatment, and better outcome. Because these women are uninsured, they would most likely present to a health care provider at a later stage of disease, which is known to be more deadly and more costly to treat.

Of the women receiving a Pap test, 10.9% (436) will be referred for further diagnostic tests and of those 2% (9) will receive treatment for precancer or cancer. Cervical cancer can be prevented when found and treated at the precancer stage. Without this funding, women are not likely to have a Pap test and to have precancerous conditions found and treated; therefore, a cervical cancer diagnosis would be likely.

090-2239 HOSPITAL PREPAREDNESS

Rounded to \$000		TOTAL FUNDS	GENERAL FUNDS
SFY10	Actual	\$1,879	\$0
SFY11	Adj Auth	\$2,685	\$0
SFY12	Maint Req	\$2,295	\$0
SFY13	Maint Req	\$2,561	\$0
SFY12	Governor	\$2,293	\$0
SFY13	Governor	\$2,558	\$0
SFY12	House	\$2,356	\$0
SFY13	House	\$2,620	\$0

SERVICES PROVIDED

The services of the Hospital Preparedness Program (HPP) are focused on strengthening capabilities, specifically aimed at efficient interoperable communications between hospitals and public health programs during an emergency. The program also provides for partnership and coalition development to ensure readiness and capacity for an emergency event statewide. HPP provides the funds and personnel to sustain the Automated Hospital Emergency Department Data (AHEDD) system. In 25/26 hospitals, real time emergency visit encounters are received and analyzed to allow for rapid detection and coordination for response to an event in collaboration with hospitals. The system has detected events such as outbreaks and carbon monoxide exposures. During the H1N1 pandemic, public health and hospital partners worked collaboratively to track hospitalizations statewide in order to assess impact to the state as well as the impact to medical surge capacity within the hospitals. HPP provides contract services with the New England Center for Emergency Preparedness (NECEP) and Northern New England Poison Center (NNEPC), both serving as resources to support public health infrastructure. NEPC serves as backup to the Division's Infectious Disease Bureau in times of call surge and participates in the Health Alert Network drills and notifications to ensure adequate and timely capacity for response. The NNEPC provides weekly data indicators of poison center call data to inform public health of potential threats. NECEP provides public health with disaster medicine expertise and as such furthers the work on plan development and capabilities in medical surge. Examples of specific projects such as enhancing oxygen support plans, cache and capabilities at the regional level and increasing the availability of portable ventilators and trained personnel to increase surge capacity in hospitals are provided by the contract with NECEP.

IMPACT IF SERVICES LOST

- Medical surge capacity statewide planning will not continue at the current level.
- Public health and hospital partnerships may diminish and negatively impact statewide capacity for a public health emergency or other mass casualty event.
- Core public health infrastructure may be overwhelmed by a large outbreak or mass event and surge capacity would not be available to further support response activities.
- Large events may overwhelm the state hospital capacity and plans to provide backup capacity may not be fully developed, this may result in broader negative impact to the public's health.
- Lack of real time data to maintain situational awareness will decrease the state's ability to detect, respond and report a public health threat.

090-2222 RYAN WHITE TITLE II
090-2223 BOSTON EMA TITLE I
090-5189 HIV/AIDS PREVENTION

Rounded to \$000		RYAN WHITE TITLE II		BOSTON EMA TITLE I		HIV/AIDS PREVENTION	
		TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
SFY10	Actual	\$1,168	\$0	\$964	\$515	\$1,479	\$255
SFY11	Adj Auth	\$1,695	\$31	\$1,028	\$580	\$1,859	\$108
SFY12	Maint Req	\$1,264	\$102	\$1,109	\$580	\$1,755	\$180
SFY13	Maint Req	\$1,279	\$103	\$1,109	\$580	\$1,750	\$180
SFY12	Governor	\$1,261	\$102	\$1,109	\$580	\$1,748	\$180
SFY13	Governor	\$1,375	\$103	\$1,109	\$580	\$1,741	\$180
SFY12	House	\$1,260	\$101	\$1,109	\$580	\$1,667	\$110
SFY13	House	\$1,274	\$102	\$1,109	\$580	\$1,659	\$165

SERVICES PROVIDED

Provide HIV risk identification and risk reduction counseling, conduct HIV tests, target outreach services and evaluate risk reduction education interventions. Data on new HIV infection provides the evidence needed to target risk reduction to those populations at highest risk and to intensify HIV prevention efforts in the communities where HIV is most heavily concentrated. The program activities and funding may not continue if the mission is not aligned with the National HIV Prevention Strategy which aims to move toward rare HIV infections and for those that do occur, complete access to care. Early identification of infection, linkage to care and access to medications prevents HIV from progressing and reduces health care costs. In NH FY 09, 87% of HIV clients in the program had a stable CD4/VL. (HRSA target 75 %clients with CD4/VL stable). In 2010, 473 HIV clients under-insured or uninsured received care coordination services in the following categories; case management services (463) primary care visits (137), home and community based care (24), health insurance continuation (94), substance abuse counseling (10) and oral health services (30). Staff coordinates and process prescription services through participating pharmacies statewide. In 2010, 392 HIV clients received antiretroviral therapy to stabilize care and the AIDS Drug Assistance Program (ADAP) reimbursed 10,894 prescriptions.

- No services offered statewide for HIV prevention due to loss of funds from CDC aimed at preventing HIV and working within the goals of the national strategy to expand targeted prevention efforts.
- Contract services to support HIV testing and risk reduction education will be discontinued.
- Less access to services for clients living with HIV, hospital and emergency department visits may increase as persons living with HIV may suffer more complications of infection.
- Staff to enroll and provide program service coordination for clients will be limited. Resulting in an increased costs/burden potential to other payers without CARE program funds.
- Increase in HIV/AIDS deaths without dedicated funds to support care service coordination.
- Without provision of ADAP services, federal funds will not be provided and increased cost burden to other payers.
- Persons living with HIV will have less access to medications; deaths due to HIV/AIDS will increase.
- Inability to provide access to health care and case management services for individuals with HIV infection that are uninsured, under-insured and meet federal and state eligibility requirements.
- Early identification of HIV infection may not occur and persons infected may go undiagnosed and unaware of infection, rates of HIV infection may increase which may increase other STD rates.

090-5390 FOOD PROTECTION

Rounded to \$000		TOTAL FUNDS	GENERAL FUNDS
SFY10	Actual	\$1,129	\$734
SFY11	Adj Auth	\$1,316	\$957
SFY12	Maint Req	\$1,481	\$1,070
SFY13	Maint Req	\$1,409	\$998
SFY12	Governor	\$1,461	\$1,056
SFY13	Governor	\$1,383	\$980
SFY12	House	\$1,461	\$1,056
SFY13	House	\$1,383	\$980

SERVICES PROVIDED

The Food Protection Section inspects and licenses dairy farms, milk processors, beverage and bottled water producers, commercial shellfish processors and food establishments including schools throughout the state.

The Food Protection Section is the only state agency responsible for the safety and security of the food supply provided to 1.3 million residents and 33.3 million annual visitors to NH. The Section also has the primary responsibilities for assuring the safety of food after natural disasters including embargoing or destroying unsafe food, for alerting the food industry of recalled food products, following up on food-related consumer complaints and maintenance of a state wide consumer complaint database, conducting environmental inspections during food borne disease outbreaks, assisting new food businesses to open and be in compliance with food safety regulations. The program charges all food establishments annual licensing fees and levies non-compliance fines for certain violations based on established rules.

The programs within the section provided the following services in SFY 10:

- The Food Sanitation Program completed 4,600 licenses and 5,785 inspections of food establishments (including 318 schools).
- The Dairy Sanitation/Beverage Bottled Water Program completed 105 licensing applications and 1,400 inspections and sampling of milk producers, milk processors, milk haulers and tankers; beverage/bottled water plants.
- The Commercial Shellfish Program completed 21 certification and 50 inspections of commercial shellfish processors.
- The Food Defense/Emergency Response/Complaint Investigation program responds to illness and sanitation complaints from consumers; food recalls; natural and man-made disasters affecting the food supply; and maintains the NH Food Emergency Response Plan. The program conducted 300 investigations; 50 recalls; and responded to 250 complaints.

IMPACT IF SERVICES LOST

- Food inspections reduce risk factors related to food borne illnesses (such as sick people handling food with bare hands, temperature control). If unfunded inspections will not take place and Food safety would be reduced and result in greater numbers of food borne illnesses.
- The # of food borne illnesses in 2009 even with inspections: included salmonellosis (261), shigelosis (21), campylobacteriosis (185), E coli (37).
- Potential economic and health impact if greater numbers of food borne illness in NH – could impact tourism as well as health costs.
- The commercial shellfish and dairy industries in NH would be out of compliance with federal inspection requirements.

PUBLIC HEALTH LABORATORIES

090-3026 FDA FERN Grant (Chemistry) 090-5316 State Based Biomonitoring
 090-3056 USDA FERN Grant 090-3063 Assoc of Public Health Labs
 090-5317 Red Tide 090-3067 Emer Response Radiochemistry
 090-5350 FED FERN Micro (FDA) 090-5230 Public Health Laboratories
 090-9059 FDA FERN Radiochemistry

		FOOD EMERGENCY RESPONSE - OTHER		ASSOC OF PUBLIC HEALTH LABS		EMERGENCY RESPONSE RADIO- CHEMISTRTRY		PUBLIC HEALTH LABORATORIES	
		TOTAL FUNDS	GENL FUNDS	TOTAL FUNDS	GENL FUNDS	TOTAL FUNDS	GENL FUNDS	TOTAL FUNDS	GENL FUNDS
SFY10	Actual	\$468	\$0	\$0	\$0	\$232	\$0	\$2,964	\$2,121
SFY11	Adj Auth	\$2,135	\$0	\$80	\$0	\$264	\$0	\$3,665	\$2,558
SFY12	Maint Req	\$1,465	\$0	\$140	\$0	\$368	\$0	\$3,914	\$2,770
SFY13	Maint Req	\$1,522	\$0	\$140	\$0	\$349	\$0	\$3,950	\$2,779
SFY12	Governor	\$1,533	\$0	\$140	\$0	\$364	\$0	\$3,687	\$2,623
SFY13	Governor	\$1,581	\$0	\$140	\$0	\$345	\$0	\$3,709	\$2,622
SFY12	House	\$1,425	\$0	\$140	\$0	\$364	\$0	\$3,605	\$2,506
SFY13	House	\$1,477	\$0	\$140	\$0	\$345	\$0	\$3,629	\$2,505

SERVICES PROVIDED

The New Hampshire Public Health Laboratories (PHL) was established in 1901 and has since protected the citizens of the State of NH with responsive, unbiased, quality laboratory testing. The need for a functional PHL is evident with the responsibility of the State to respond to emerging infectious diseases such as EEE and pandemic influenza. Hospital/clinical laboratories participate in a statewide laboratory system by providing diagnostic laboratory testing. The PHL performs testing that is not within the scope of these hospital laboratories to control the spread of infection and perform disease surveillance of the population. The PHL provides 24/7 availability for testing such as:

- Surveillance of infectious disease agents such as influenza, Eastern equine encephalitis (EEE), norovirus and tuberculosis. Surveillance is not performed in the private sector.
- Emergency response testing for biological, chemical and radiological agents. No definitive testing for bioterrorism or chemical agents is performed in the private sector.
- Radiological surveillance around Nuclear Power plants in NH and Vermont.
- Dairy and shellfish testing to support food safety and industries in the State of NH
- Training for hospital/clinical laboratory partners for detection of newly emerging pathogens and continuing threat agents.

IMPACT IF SERVICES LOST

- Loss of rapid detection of outbreaks of disease agents such as norovirus and tuberculosis would impact control and spread. Time and money is saved with rapid diagnosis in order to eliminate further unnecessary testing and provide timely treatment.
- Loss of surveillance for vectorborne disease such as Lyme disease and EEE will impact prevention and education efforts for those areas in the state where risk is high.
- The loss of nuclear power plant monitoring would put citizens at risk of radiological exposure.
- Industries such as dairy and shellfish rely on timely testing and surveillance for continued operation. Loss of laboratory testing would impact business operations.
- Biosafety Level 3 containment facilities are located at the NH PHL and are the only such facilities in the State of NH. Testing for bioterrorism agents like anthrax must be performed in such facilities and would no longer be available in NH.
- Laboratory support for the Federal Bureau of Investigation (FBI), United State Postal Service (USPS), Homeland Security and Emergency Management (HSEM), Department of Safety (DOS), Department of Corrections (DOC) and Department of Environmental Services (DES) would be discontinued.

090-2217 STATE LOAN REPAYMENT PROGRAM

Rounded to \$000		TOTAL FUNDS	GENERAL FUNDS
SFY10	Actual	\$300	\$285
SFY11	Adj Auth	\$600	\$400
SFY12	Maint Req	\$400	\$400
SFY13	Maint Req	\$400	\$400
SFY12	Governor	\$400	\$400
SFY13	Governor	\$400	\$400
SFY12	House	\$400	\$400
SFY13	House	\$400	\$400

SERVICES PROVIDED

The State Loan Repayment Program (SLRP) provides loan repayment to primary care providers including physicians, physician's assistants, advanced practice nurses, mental health providers, dentists and dental hygienists. Providers receive reimbursement for educational loans in return for providing services in areas that are underserved and practices that serve those who have difficulty accessing services due to being uninsured or underinsured. The State Loan Repayment Program has a retention rate of 90%, which means those providers remained serving in underserved areas of NH after their service commitment under SLRP was completed.

IMPACT IF SERVICES LOST

For SFY 2012 we have 22 primary care providers contracted to receive loan repayment and for SFY 2013 we have 10 primary care providers contracted to receive loan repayment. Without these funds we would be unable to meet these obligations. We would also be unable to award new contracts to primary care providers serving in those areas. This would result in the potential loss of current providers and decreased ability to recruit new providers to provide primary care in underserved areas.

095-6178 BCC PROGRAM

CLIENT PROFILE

This program is a Medicaid eligibility group created through a State Plan Amendment in 2000. To be eligible for Medicaid a woman must meet all of the Public Health BCCP program criteria (Age 18 – 64, uninsured, income < 250% FPL) including receiving their screening tests through one of the Public Health screening sites. Once a diagnosis is established, women may choose to enroll in the Medicaid program in order to access treatment services.

BCC Program Provider Payments

		TOTAL GENERAL			COST PER CASE (NOT ROUNDED)- TOTAL FUNDS (Not Rounded)
Rounded to \$000		FUNDS	FUNDS	CASELOAD	
SFY10	Actual	\$1,937	\$678	358	\$5,412
SFY11	Adj Auth	\$3,411	\$1,194	364	\$9,365
SFY12	Maint Req	\$2,718	\$951	378	\$7,186
SFY13	Maint Req	\$2,829	\$990	389	\$7,272
SFY12	Governor	\$2,718	\$951	370	\$7,351
SFY13	Governor	\$2,829	\$990	373	\$7,577
SFY12	House	\$2,718	\$951	370	\$7,351
SFY13	House	\$2,829	\$990	373	\$7,577

BCC Program Pharmacy

		TOTAL GENERAL			COST PER CASE (NOT ROUNDED)- TOTAL FUNDS (Not Rounded)
Rounded to \$000		FUNDS	FUNDS	CASELOAD	
SFY10	Actual	\$318	\$111	358	\$888
SFY11	Adj Auth	\$363	\$127	364	\$998
SFY12	Maint Req	\$398	\$139	370	\$1,076
SFY13	Maint Req	\$436	\$153	373	\$1,167
SFY12	Governor	\$398	\$139	370	\$1,076
SFY13	Governor	\$436	\$153	373	\$1,167
SFY12	House	\$398	\$139	370	\$1,076
SFY13	House	\$436	\$153	373	\$1,167

Department of Health and Human Services

**Budget Summary
State Fiscal Years Ending June 30, 2010 to 2013
Senate Finance Discussion Document**



Prepared April 5, 2011

CHILDREN & FAMILIES

	A	B	C	D	E	F	G
1	Department of Health and Human Services						
2	Budget Adjustments Made During Governor & House Phases						
3	As of March 22, 2011						
4	Figures are General Funds Rounded to \$000						
5	Div	Client	Initiative	SFY12		SFY13	
6				Governor	House	Governor	House
7							
8			Children & Families				
9			Children's Services				
10	DJJS	C&F	CHINS Law Change	(\$1,871)	(\$3,648)	(\$1,871)	(\$3,596)
11	DJJS		CHINS Law Change Transition		\$0		(\$1,414)
12	DCYF	C&F	Stop Director Authorized Cases	(\$463)		(\$584)	
13	DCYF	C&F	Stop Voluntary Cases	(\$628)		(\$628)	
14	DCYF	C&F	Reform system Permanency of Children	\$0		\$0	
15	DJJS	C&F	SYSC Shelter Care Program Proposal Costs	(\$1,141)	\$1,141	(\$1,105)	\$1,072
16	DJJS	C&F	SYSC Intensive Care Program Proposal Costs	(\$1,708)	\$1,708	(\$1,660)	\$1,660
17	DJJS		SYSC Shelter Care - Provider Savings		(\$273)		(\$273)
18	DCYF	C&F	Eliminate the funding for Incentive funds	(\$1,586)		(\$1,618)	
19			Child Care & TANF				
20	DCYF	C&F	Child Care Wait List	(\$10,611)		(\$12,459)	
21	DCYF	C&F	Accept TANF FF from DFA & in place give up GF from CC - See corresponding DFA Reducn line	(\$3,460)		(\$3,412)	
22	DFA	C&F	Transfer TANF FF to DCYF Child Care in place of GF	\$0		\$0	
23	DCYF/DFA	C & F	Eliminate TANF funding for Child Care		(\$5,168)		(\$5,117)
24	DFA		Eliminate TANF funding for Child Care				
25	DCYF	C&F	TANF GF in Change Column	(\$4,800)		(\$4,800)	
26			Miscellaneous				
27	DCYF	C&F	Eliminate Compliance With Residential Rate Setting Rules	(\$1,428)		(\$1,471)	
28	DCYF	C&F	Eliminate Drug Testing of DCYF clients	(\$200)		(\$200)	
29	DCYF	C&F	Reduce Domestic Violence General Fund Match	(\$16)	(\$150)	(\$16)	(\$150)
30	DCYF	C&F	Reduce Family Resource Center Funding	(\$120)		(\$120)	
31	DCYF	C&F	Reduce Head Start Collaborative Funding	(\$15)	(\$297)	(\$15)	(\$297)
32	DCYF	C&F	Level Fund Providers	(\$591)		(\$1,188)	
33	BHHS	C&F	Across the Board Reduction to Homeless Shelters & Prevention Programs	(\$241)		(\$311)	
34	BHHS	C&F	Homeless Revolving Loan Fund	(\$150)		(\$150)	
35	DCSS	C&F	Increase Fees to Clients Not On State Services	(\$532)		(\$775)	
36	DCYF	C & F	Eliminate general funds for Domestic Violence Program		(\$150)		(\$150)
37	DFA	C & F	Eliminate the Unemployed Parent Program		(\$1,756)		(\$1,762)
38	DFA	C & F	Eliminate funding-Employment and Training Services (ETS) for Unemployed Parents		(\$500)		(\$500)
39			Cash Assistance				
40	DFA	C&F	Count SSI in TANF	(\$2,834)		(\$2,834)	
41	DFA	C&F	Count SSI in FANF	(\$970)		(\$970)	
42	DFA	C&F	Revert to orig. 209 (b) Methodology-OAA	(\$20)		(\$20)	
43	DFA	C&F	Revert to orig. 209 (b) Methodology-APTD	(\$392)		(\$392)	
44	DFA	C&F	Align federal crossmatch with TANF & Food Stamps	(\$81)		(\$81)	
45	DCYF	C & F	Eliminate Adoption Subsidies for new families		(\$288)		(\$672)
46	DCYF	C & F	Decrease Adoption Subsidies to General Foster Care Rates		(\$809)		(\$708)
47			Medical Services				
48	DPHS	C&F	Community Health Centers (5190)	(\$2,000)	(\$250)	(\$2,000)	(\$250)
49	OMBP	C&F	SCHIP Performance Bonus	(\$1,300)		\$0	
50	OMBP	C&F	Adjustment to SCHIP Premium Rate increase to 5% each year.	(\$817)		(\$1,137)	
51	OMBP	C&F	Convert CHIP to Medicaid expansion	(\$1,709)		(\$3,540)	
52	OMBP	C&F	Disenroll Childrens Hospital Boston	(\$2,500)		(\$2,500)	
53	OMBP	C&F	1% Primary Care FMAP, eff Jan 1 2013	\$0		(\$18)	
54	OMBP	C&F	Diabetic Supplies Purchasing Initiative	(\$450)		(\$450)	
55	DPHS	C & F	Eliminate 50% general funding for family planning		(\$411)		(\$345)
56			Total Children & Family Reductions	(\$42,634)	(\$10,851)	(\$46,324)	(\$12,502)

040-5855 CHILD - FAMILY SERVICES (ABUSE & NEGLECT)

CLIENT PROFILE Children who come to the attention of the child protection system do so because of any of the following situations, which are often collectively termed child abuse:

Sexual abuse Physical abuse Emotional abuse Neglect Psychological abuse

Parents involved with child protection may have a history of abuse in their own childhood, and/or currently struggle with mental health challenges, substance abuse and domestic violence.

Children and families involved with DCYF due to abuse and neglect concerns need both core and supportive services. Both are essential to provide a coordinated child protection response. The intent is to promote the safety, stability and development of vulnerable children, youth and their families, and to build capacity and resilience for children, families and communities.

	TOTAL GENERAL			Cost Per Case (Not Rounded)
Rounded to \$000	FUNDS	FUNDS	CASELOAD	Total Funds
SFY10 Actual	\$29,398	\$15,909	1,820	\$16,153
SFY11 Adj Auth	\$31,002	\$17,201	1,820	\$17,034
SFY12 Maint Req	\$30,509	\$15,959	1,820	\$16,763
SFY13 Maint Req	\$31,122	\$16,296	1,820	\$17,100
SFY12 Governor	\$26,540	\$13,313	1,638	\$16,203
SFY13 Governor	\$26,044	\$12,937	1,623	\$16,047
SFY12 House	\$25,331	\$12,447	1,649	\$15,361
SFY13 House	\$24,482	\$12,009	1,610	\$15,206

SERVICES PROVIDED

All court and non-court ordered services resulting from RSA 169-C, including community-based and out of home placement services. They range from in- home family services such as parenting skill and therapeutic interventions to foster family and intensive residential services. Key characteristics include:

- A network of coordinated community based services that share responsibility for service delivery
- A mix of low, medium and high intensity services that are comprehensive and flexible
- Preventive services delivered to at-risk families.

IMPACT IF SERVICES LOST

Children's and family's health and safety will be compromised, including an increased likelihood of child deaths as a result of abuse and neglect. If there were no rehabilitative services or alternative placements for child victims of abuse/neglect, an increase in child maltreatment and potential child deaths would occur.

Prevention efforts such as Voluntary Services and other supports are methods or activities that seek to reduce or deter child abuse/neglect. The loss of these interventions will lead to an increase in child maltreatment.

040-5855 CHILD - FAMILY SERVICES (CHINS)

CLIENT PROFILE

Child In Need of Services (CHINS) is an adjudication status of a youth for which the Court and the Division for Juvenile Justice work to help parents and assist youth experiencing serious difficulties and who are in need of such services in order to protect the juvenile and the community.

Youth under the age of 18, who meet the Children in Need of Services criteria and their families typically involve truancy and school related issues, persistent runaways and/or disobey the reasonable and lawful demands of parents that result in risk to the family, the youth or the community.

	TOTAL GENERAL			Cost Per Case (Not Rounded)
Rounded to \$000	FUNDS	FUNDS	CASELOAD	Total Funds
SFY10 Actual	\$11,989	\$6,904	586	\$20,460
SFY11 Adj Auth	\$12,644	\$7,742	586	\$2,576
SFY12 Maint Req	\$12,442	\$7,183	586	\$21,233
SFY13 Maint Req	\$12,693	\$7,335	586	\$21,660
SFY12 Governor	\$6,505	\$3,648	420	\$15,488
SFY13 Governor	\$6,421	\$3,597	415	\$15,471
SFY12 House	\$1,936	\$291	125	\$15,488
SFY13 House	\$0	\$0	0	N/A

SERVICES PROVIDED

All court ordered services resulting from RSA 169-D, including community-based and out of home placement services.

DJJS provides a continuum of core services that has increasing levels of intensity and participation by youth and families. These services include outreach, in-home services and supports placement services including shelter and residential placement.

IMPACT IF SERVICES LOST

To be clear, the proposal as presented ELIMINATES the CHINS statute and our ability to service these youth. Children's and family's health and safety, as well as community safety, will be compromised. Without rehabilitative services, crisis intervention, alternative placements and case management services at-risk youth and their families will experience an increase in the severity of behaviors, placing youth and the community at risk. Youth experiencing untreated behavior challenges will most likely increase to delinquent behaviors resulting in safety concerns for the youth and increased to criminal and more damaging behaviors. There is a high percentage of youth with severe and chronic mental challenges currently being served under CHINS petition. These youth will not receive services or intervention and will be an added safety risk to themselves, their family and the community.

The Department envisions around 18% of youth that had been serviced under the CHINS statute will return for services via Delinquency Petitions because there is no access to the early interventions that had been provided by the CHINS statute.

040-5855 CHILD - FAMILY SERVICES (DELINQUENTS)

CLIENT PROFILE

A delinquent is defined as an individual under the age of 17 who commits an offense that if committed by an adult would be the equivalent of a felony or misdemeanor crime.

	TOTAL GENERAL			Cost Per Case (Not Rounded)
Rounded to \$000	FUNDS	FUNDS	CASELOAD	Total Funds
SFY10 Actual	\$18,290	\$6,102	2,411	\$7,586
SFY11 Adj Auth	\$19,289	\$6,843	2,411	\$8,001
SFY12 Maint Req	\$18,983	\$6,349	2,411	\$7,873
SFY13 Maint Req	\$19,365	\$6,483	2,411	\$8,032
SFY12 Governor	\$14,651	\$3,900	2,229	\$6,582
SFY13 Governor	\$14,532	\$3,727	2,181	\$6,663
SFY12 House	\$19,455	\$2,630	2,487	\$7,822
SFY13 House	\$19,108	\$1,480	2,487	\$7,683

SERVICES PROVIDED

Juvenile Probation and Parole Services are provided by Juvenile Probation and Parole Officers (JPPO) who conduct investigations and provide supervision of delinquent minors. All court ordered services resulting from RSA 169-B, including a variety of community-based and out of home placement services.

IMPACT IF SERVICES LOST

Children's and family's health and safety will be compromised. Without rehabilitative services and alternative placements for youth community safety will be at risk of increased crime and potentially fatal consequences for the youth, their family and the community.

Should the proposal to eliminate CHINS be adopted, the Department envisions around 18% of youth that had been serviced under the CHINS statute will return for services via Delinquency Petitions. The funding proposal for Delinquents (this page) does not reflect the costs associated with the anticipated population requiring services.

040-6040 DOMESTIC VIOLENCE PROGRAMS

CLIENT PROFILE

Funding for The NH Coalition Against Domestic and Sexual Violence serves families experiencing various forms of abuse. Domestic violence crosses all social and economic boundaries and can include sexual, physical and emotional abuse.

	TOTAL GENERAL			Cost Per Case (Not Rounded) Total Funds
Rounded to \$000	FUNDS	FUNDS	CASELOAD	
SFY10 Actual	\$1,488	\$351	14,509	\$103
SFY11 Adj Auth	\$1,506	\$319	14,509	\$104
SFY12 Maint Req	\$1,567	\$319	14,509	\$108
SFY13 Maint Req	\$1,567	\$319	14,509	\$108
SFY12 Governor	\$1,551	\$303	14,509	\$107
SFY13 Governor	\$1,551	\$303	14,509	\$107
SFY12 House	\$1,401	\$153	13,881	\$101
SFY13 House	\$1,401	\$153	13,881	\$101

SERVICES PROVIDED

Chapter 223 of Laws of 1981 (NH RSA 173-B:15) mandates a Domestic Violence Program. The New Hampshire Coalition Against Domestic and Sexual Violence is a statewide network of fourteen direct service groups working with victims of domestic and sexual violence and has been designated as the coordinator of the grant program. Funds are disbursed by the Coalition to the 14 local organizations around the State, and are used to fund such services as 24-hour crisis telephone lines, emergency transportation, shelters, community outreach, and education and support services for over 14,500 victims of sexual and domestic violence.

IMPACT IF SERVICES LOST

The coalition will need to seek or redirect alternative funds or limit the current service array. Limiting domestic violence services would have a direct impact on family safety.

040-5801 CHILD PROTECTION

CLIENT PROFILE

Children who come to the attention of the child protection system do so because of any of the following situations, which are often collectively termed child abuse:

Sexual abuse Physical abuse
Emotional abuse Neglect
Psychological abuse

Parents involved with child protection may have a history of abuse in their own childhood, and/or currently struggle with mental health challenges, substance abuse and domestic violence.

Children and families involved with DCYF due to abuse and neglect concerns need both core and supportive services. Both are essential to provide a coordinated child protection response. The intent is to promote the safety, stability and development of vulnerable children, youth and their families, and to build capacity and resilience for children, families and communities.

	TOTAL GENERAL			Cost Per Case (Not Rounded) Total Funds
Rounded to \$000	FUNDS	FUNDS	CASELOAD	
SFY10 Actual	\$20,489	\$10,126	101,791	\$201
SFY11 Adj Auth	\$21,925	\$10,562	101,791	\$215
SFY12 Maint Req	\$24,605	\$14,224	101,791	\$242
SFY13 Maint Req	\$25,000	\$14,445	101,791	\$246
SFY12 Governor	\$23,797	\$12,935	101,791	\$234
SFY13 Governor	\$24,093	\$13,901	101,791	\$237
SFY12 House	\$23,797	\$12,935	101,791	\$234
SFY13 House	\$24,182	\$13,954	101,791	\$234

SERVICES PROVIDED

DCYF receives and responds to reports of child abuse & neglect (RSA 169-C). Additionally, DCYF initiates and case manage court interventions; receive custody and placement responsibility of children when needed, reunify and development of permanent plans (adoption and guardianship) for children and families. Work with adolescents to establish natural permanent connections. Recruit and license foster and adoptive homes as needed (RSA 170-B & C). Specialized work with relative and post adopt families. Implement duties associated with the Interstate Compact for Children (RSA169-A).

IMPACT IF SERVICES LOST

Without child protection services children's and family's health and safety will be compromised. Children living with physical abuse, and chronic neglect will ultimately result in child deaths. Without rehabilitative services and alternative placements for children who are not safe at home children will be subjected to life threatening situations and increased harm. In addition to an increase in child deaths, a lack of response and treatment for children being

sexually abused will result in increased mental health challenges, repeat of generational abuse and suicides.

041-5809 JUVENILE FIELD SERVICES

CLIENT PROFILE

The Division for Juvenile Justice Services (DJJS) is responsible for providing supervision and rehabilitative services to youth adjudicated under state law as Delinquent or as Children In Need of Services (CHINS).

	TOTAL GENERAL			Cost Per Case (Not Rounded) Total Funds
Rounded to \$000	FUNDS	FUNDS	CASELOAD	
SFY10 Actual	\$9,198	\$6,176	4,856	\$1,894
SFY11 Adj Auth	\$9,355	\$6,289	5,611	\$1,667
SFY12 Maint Req	\$10,762	\$7,260	5,611	\$1,918
SFY13 Maint Req	\$10,873	\$7,390	5,611	\$1,938
SFY12 Governor	\$10,320	\$6,962	5,464	\$1,889
SFY13 Governor	\$10,305	\$7,003	5,464	\$1,886
SFY12 House	\$10,320	\$6,962	5,464	\$1,889
SFY13 House	\$10,305	\$7,003	5,464	\$1,886

SERVICES PROVIDED

The Division for Juvenile Justice Services (DJJS) provides supervision, case management and an array of rehabilitative services through its staff of Juvenile Probation and Parole Officers and Supervisors and a network of community-based providers who are licensed and/or certified by DHHS. Supervision, treatment, and rehabilitative services are provided to youth adjudicated under state law as delinquent (RSA 169-B) or as Children In Need of Services (CHINS) under RSA 169-D. DJJS also provides reciprocal supervision of delinquent youth from other states as part of the Interstate Compact on Juveniles (RSA 169-A).

IMPACT IF SERVICES LOST

Without interventions for youth and families struggling with CHINS or delinquent issues community and family safety will be at risk. There would be an increased likelihood of crime in the communities and youth and their families would have increased likelihood of harm and even fatal consequences based on increased violence.

In addition, if youth and families did not have access to coordinated treatment and rehabilitative services, there would be a loss of the state's ability to impact trajectory of youth going deeper into crisis (criminal or social service related), restitution and community service would be impaired and could result in safety issues for the youth, family and the community.

090-5190 MATERNAL - CHILD HEALTH

CLIENT PROFILE

Rounded to \$000	TOTAL GENERAL	
	FUNDS	FUNDS
SFY10 Actual	\$6,567	\$4,609
SFY11 Adj Auth	\$6,887	\$4,933
SFY12 Maint Req	\$7,113	\$5,250
SFY13 Maint Req	\$7,083	\$5,222
SFY12 Governor	\$5,098	\$3,238
SFY13 Governor	\$5,063	\$3,208
SFY12 House	\$4,854	\$3,063
SFY13 House	\$4,819	\$2,981

SERVICES PROVIDED

The reduction in these funds reflect the provision of statewide primary care services for low income and uninsured families through contracts with the State's Community Health Centers (CHC). CHCs improve the availability, access to and quality of the preventive and primary health care services and screening for NH families. Services include preventive and episodic health care for acute and chronic health conditions for individuals from all life cycles, including perinatal, child, adolescent, adult, and elderly. Community Health Centers deliver health care services to underserved people who face barriers to accessing health care, such as a lack of insurance, inability to pay, cultural and ethnic issues, and geographic isolation. Primary care agencies strive to overcome these barriers through the following services:

- Primary Health Care Services
- Case Management
- Substance Abuse, Mental Health and Oral Health Services, provided directly or through referral
- Other social services, such as transportation, nutrition counseling, health education, and translation

IMPACT IF SERVICES LOST

- In calendar year 2009, CHCs and healthcare for the homeless agencies provided care to 107,153 individuals through 484,899 health visits. In this time period, approximately 24% of clients were uninsured; 15% had Medicare coverage; and 21% had Medicaid coverage.
- In some areas, most particularly Coos County, the CHCs are not only the "safety net provider" for the uninsured, but are the only healthcare practice available for all residents.
- A decrease in funding will likely result in a proportional decrease in clients served. Those clients unable to access care at the CHCs may seek non-urgent, primary care services or care for conditions exacerbated by lack of preventive care, at higher cost hospital-based emergency departments.
- Demand for the above services will likely be borne by other state, county and local health and social service agencies, such as hospital emergency departments

- Seven of the State's Community Health Centers are Federally Qualified Health Centers (FQHC) or Healthcare for the Homeless (HCH) programs that receive federal funds to also support care for the uninsured. These agencies received additional federal funding in June 2009 for increased demand for services. Although additional federal funding opportunities may be available to these agencies through the Affordable Care Act, for expanded medical capacity and service expansions, it is unknown at this time whether any of the New Hampshire FQHCs will successfully access this funding.
- The Federally funded agencies may fare better financially than the six agencies not receiving federal funds, though the financial fragility of all of these agencies is well known. Depending the final magnitude of the cuts, some CHCs may be forced to close, impacting not just the uninsured but providers and communities as well.
- The Federal Title V(MCH) Block Grant requires a maintenance of effort of GFs of \$2,872,257. These funds support the broad scope of Maternal and Child Health services in the state. This includes not only primary and prenatal care through CHCs, but also the following maternal and child health services (and Special Medical Services in the Bureau of Developmental Services):
 - Epidemiology to track infant mortality, birth outcomes, and evaluation of services
 - Programs to prevent injuries, the leading cause of death for children in New Hampshire
 - SIDS/SUID Prevention
 - Home visiting (child and family health support)
 - Quality Assurance and clinical oversight of CHC contracts

041-Var SUNUNU YOUTH SERVICES CENTER

CLIENT PROFILE

The Sununu Youth Services Center (SYSC) provides an architecturally secure placement for committed juveniles, who as adults, would be imprisoned for their delinquent acts. Juveniles placed in the Sununu Youth Services Center (SYSC) range in age from 13 to 17 years old.

The Youth Detention Services Unit (YDSU) is a 24-bed co-educational secure detention center that houses youth up to 17 years of age who allegedly committed delinquent offenses and are awaiting disposition of their cases by the courts.

	TOTAL GENERAL			Cost Per Case (Not Rounded) Total Funds
Rounded to \$000	FUNDS	FUNDS	CASELOAD	
SFY10 Actual	\$16,162	\$15,134	65	\$248,646
SFY11 Adj Auth	\$16,602	\$15,336	65	\$255,415
SFY12 Maint Req	\$17,326	\$16,301	65	\$266,554
SFY13 Maint Req	\$17,497	\$16,506	65	\$269,185
SFY12 Governor	\$16,749	\$15,733	65	\$257,677
SFY12 Correction	\$1,600	\$1,600	72	\$22,222
SFY13 Governor	\$16,867	\$15,887	65	\$259,492
SFY13 Correction	\$1,600	\$1,600	72	\$22,222
SFY12 House	\$16,941	\$15,923	65	\$260,631
SFY13 House	\$17,067	\$16,085	65	\$262,569

SERVICES PROVIDED

The Sununu Youth Services Center program provides a secure residential unit where juvenile's participate in a prescribed behavioral program. The program encompasses academia, cottage life and group sessions.

The Youth Detention Services Unit at SYSC is a secure placement for youth involved with the NH court system prior to their adjudication. A Juvenile may also be committed to the SYSC subsequent to being adjudicated as delinquent by a NH District Court.

Most youth are detained for less than 48 hours, but others may remain longer awaiting court dispositions, placements and release to home state or adult certification. Residential staff provide for secure care and respond to youths' recreational needs. All detained youth are provided with close supervision for the duration of their stay

IMPACT IF SERVICES LOST

Youth and families would not have access to coordinated treatment and rehabilitative services. There is no other facility available for secure detention of youth who posed a risk to him/herself or the community. Loss of ability to impact trajectory of youth going deeper into crisis (criminal or social service related), restitution and community service would be impaired and increased criminal activity can lead to fatalities within families and the community.

095-7176 HOUSING - SHELTER PROGRAM

CLIENT PROFILE: Individuals and families who are homeless and disabled (for families head of household must be disabled).

	TOTAL GENERAL			Cost Per Case (Not Rounded)
Rounded to \$000	FUNDS	FUNDS	CASELOAD	Total Funds
SFY10 Actual	\$3,310	\$0	3,334	\$993
SFY11 Adj Auth	\$3,994	\$0	3,401	\$1,174
SFY12 Maint Req	\$4,019	\$0	3,469	\$1,159
SFY13 Maint Req	\$4,017	\$0	3,538	\$1,135
SFY12 Governor	\$4,017	\$0	3,469	\$1,158
SFY13 Governor	\$4,015	\$0	3,538	\$1,135
SFY12 House	\$4,017	\$0	3,469	\$1,158
SFY13 House	\$4,015	\$0	3,538	\$1,135

SERVICES PROVIDED: Assumes a 2% annual increase in demand for service. Services include Housing Opportunities for Persons with AIDs (HOPWA) (339 served in FY'10), Transitional Supportive Housing (TSH) (103 served), Permanent Supportive Housing (PSH) (212 served), Homeless Outreach and Intervention Program (HOIP) (2,680 served)

IMPACT IF SERVICES LOST: Funding is 100% Federal Funds. Loss of service would result in these these persons who are receiving housing assistance (HOPWA, TSH, PSH) becoming homeless again. Loss of the HOIP service would result in these persons not being assisted with accessing shelter and services. For all programs the loss of these services would shift the financial burden for providing assistance to local city and town welfare authorities as mandated in RSA 165:1. I: "Whenever a person in any town is poor and unable to support himself, he shall be relieved and maintained by the overseers of Public Welfare of such town, whether or not he has residence there."

095-7177 EMERGENCY SHELTERS

CLIENT PROFILE: Individuals and families that are homeless, or at risk of becoming homeless. 33% of those served are families, 67% self report a disability, and the average income of a person entering an emergency shelter is \$167.00 a month, or \$2,004 annually.

	TOTAL GENERAL			Cost Per Case (Not Rounded) Total Funds
Rounded to \$000	FUNDS	FUNDS	CASELOAD	
SFY10 Actual	\$4,036	\$4,036	13,486	\$299
SFY11 Adj Auth	\$3,982	\$3,982	13,756	\$289
SFY12 Maint Req	\$4,154	\$4,154	14,031	\$296
SFY13 Maint Req	\$4,222	\$4,222	14,312	\$295
SFY12 Governor	\$3,858	\$3,858	14,031	\$275
SFY13 Governor	\$3,853	\$3,853	14,312	\$269
SFY12 House	\$3,858	\$3,858	14,031	\$275
SFY13 House	\$3,853	\$3,853	14,312	\$269

SERVICES PROVIDED: Assumes a 2% increase in demand for services each year. Services include Emergency Shelter (4,681 persons served SFY'10), the Housing Security Guarantee Program (733 households served) and Homeless Prevention (8,072 served). Homeless Prevention includes persons served by the Homeless Hotline, prevention programs providing financial assistance for rental/mortgage/utility arrearages and other assistance to prevent homelessness, and programs designed to assist people gain skills to successfully maintain housing such as budgeting and financial management.

IMPACT IF SERVICES LOST: Loss of these services would shift the financial burden for providing assistance to persons who are homeless or at risk of becoming homeless to local city and town welfare authorities as mandated in RSA 165:1. I: "Whenever a person in any town is poor and unable to support himself, he shall be relieved and maintained by the overseers of Public Welfare of such town, whether or not he has residence there."

045-6127 EMPLOYMENT SUPPORTS

CLIENT PROFILE

Assistance for Working Families (AWF) is a monthly financial assistance benefit to working families whose financial assistance to needy families (FANF) benefits have closed due solely to an increase in earned income. The monthly AWF benefit is intended to help stabilize the family's financial situation in the transition from welfare to work.

	TOTAL GENERAL			Cost Per
	FUNDS	FUNDS	CASELOAD	Case (Not
Rounded to \$000				Rounded)
				Total
				Funds
SFY10 Actual	\$13,166	\$5,112		
SFY11 Adj Auth	\$15,425	\$5,059		
SFY12 Maint Req	\$13,935	\$6,103	588	\$900
SFY13 Maint Req	\$14,090	\$6,167	588	\$900
SFY12 Governor	\$13,913	\$6,066	588	\$900
SFY13 Governor	\$13,788	\$6,032	588	\$900
SFY12 House	\$13,497	\$5,612	588	\$900
SFY13 House	\$13,374	\$5,579	588	\$900

SERVICES PROVIDED In addition to the cash assistance this org supports the FANF Employment Support Program. Includes the staff and services necessary to operate the New Hampshire Employment Program as mandated under RSA 167.

IMPACT IF SERVICES LOST: DFA would fail to meet the federally required 50% work participation rate. The financial penalty is twofold: 1) a maximum of \$2 million dollars per year, scaled to the degree of failure; and 2) a mandatory increase in Maintenance of Effort spending by approximately \$2 million. The financial penalty compounds each year of subsequent failure.

040-5841 CHILD DEVELOPMENT-OPERATIONS
040-6148 CHILD DEVELOPMENT PROGRAM

		Operations		Program				Cost Per Case (Not Rounded)
		TOTAL GENERAL		TOTAL GENERAL				Total Funds
Rounded to \$000		FUNDS	FUNDS	FUNDS	FUNDS	CASELOAD		
SFY10	Actual	\$391	\$0	\$31,217	\$12,857	11,931	\$2,649	
SFY11	Adj Auth	\$434	\$0	\$36,563	\$14,649	11,931	\$3,101	
SFY12	Maint Req	\$479	\$0	\$35,788	\$18,427	11,931	\$3,040	
SFY13	Maint Req	\$483	\$0	\$35,788	\$18,427	11,931	\$3,040	
SFY12	Governor	\$479	\$0	\$33,487	\$10,057	10,314	\$3,247	
SFY13	Governor	\$483	\$0	\$33,487	\$10,090	10,314	\$3,247	
SFY12	House	\$400	\$0	\$28,319	\$10,057	8,722	\$3,247	
SFY13	House	\$401	\$0	\$28,370	\$10,090	8,737	\$3,247	

040-5841 CHILD DEVELOPMENT PROGRAM

CLIENT PROFILE

The Child Development Bureau provides support and customer services for childcare providers, parents and staff across the state.

SERVICES PROVIDED

Enroll providers in the child care program, ensure provider billing and payment issues are resolved, and monitor billing and payments to identify and recover improper payments, on behalf of parents. They also work to enhance the quality, affordability and accessibility of child care in the state.

IMPACT IF SERVICES LOST

Child care programs will not accept children receiving childcare scholarships and may withdraw from the program effecting parent's ability to maintain employment. Families would not have adequate access or options for childcare. Without the support of the Child Development Bureau there would be a significant reduction in quality programs or available programs to support working parents allowing them to be self sufficient and less reliant on the state system.

040-6148 CHILD DEVELOPMENT PROGRAM

CLIENT PROFILE

Currently the program serves children of working parents whose family income is up to 160% of the federal poverty level. Court ordered child care for abused and neglected children, and children at high risk of being abused or neglected.

SERVICES PROVIDED

Child care services for low income parents who are in training, seeking work, or who are gainfully employed in order to encourage self-sufficiency and to reduce potential for dependence on public assistance. Provide child care to help reduce the incidence of child maltreatment.

IMPACT IF SERVICES LOST

Low-income parents would not be able to work or seek employment or self-sufficiency and, therefore, remain dependent of government/state services.

045-6146 TEMP ASSISTANCE TO NEEDY FAMILIES

CLIENT PROFILE

Cash assistance to families with dependent children through either the Family Assistance Program (FAP) or the New Hampshire Employment Program (NHEP). To qualify, the household must include the presence of a dependent child who is deprived of the support or care of a parent, lives with a parent or specified relative and is under the age of 18. Recipients of TANF cash assistance are also eligible for Medicaid.

	TOTAL GENERAL			Cost Per Case (Not Rounded)
Rounded to \$000	FUNDS	FUNDS	CASELOAD	Total Funds
SFY10 Actual	\$32,654	\$6,972	5,335	\$6,121
SFY11 Adj Auth	\$37,494	\$7,925	5,177	\$6,081
SFY12 Maint Req	\$35,652	\$13,148	5,710	\$6,244
SFY13 Maint Req	\$35,652	\$13,148	5,710	\$6,244
SFY12 Governor	\$26,262	\$10,314	4,182	\$5,817
SFY13 Governor	\$27,342	\$10,314	4,355	\$5,817
SFY12 House	\$26,262	\$10,314	4,182	\$5,817
SFY13 House	\$27,342	\$10,314	4,355	\$5,817

SERVICES PROVIDED Cash and Emergency Assistance

IMPACT IF SERVICES LOST

Three impacts are potential. 1) Costs would be downshifted to municipal cities and towns. Statute requires cities and towns to provide basic assistance; 2) To the extent that towns are relieved of their statutory burden, churches and charities are the remaining safety nets. 3) A reduction to the safety net would mean significant financial deprivation for basic living expenses (rent, clothing, etc) for New Hampshire low-income families with children

045-6153 SEPARATE STATE TANF PROGRAM

CLIENT PROFILE

This category of cash assistance represents single and two parent families that contain a child age 19 up to age 20 and still in high school or the equivalent full time. This category represents families who are eligible for the TANF program but for purposes of meeting the federal work participation requirements, were removed from the co-mingled federal/state program and captured in this solely state-funded program under authority provided in RSA 167 :77-e.

	TOTAL GENERAL			Cost Per Case (Not Rounded) Total Funds
Rounded to \$000	FUNDS	FUNDS	CASELOAD	
SFY10 Actual	\$212	\$212	37	\$5,719
SFY11 Adj Auth	\$288	\$288	49	\$6,426
SFY12 Maint Req	\$293	\$293	50	\$5,868
SFY13 Maint Req	\$299	\$299	51	\$5,868
SFY12 Governor	\$293	\$293	50	\$5,868
SFY13 Governor	\$299	\$299	51	\$5,868
SFY12 House	\$293	\$293	50	\$5,868
SFY13 House	\$299	\$299	51	\$5,868

SERVICES PROVIDED Cash Assistance

IMPACT IF SERVICES LOST

Three impacts are potential. 1) Costs would be downshifted to municipal cities and towns. Statute requires cities and towns to provide basic assistance; 2) To the extent that towns are relieved of their statutory burden, churches and charities are the remaining safety nets. 3) A reduction to the safety net would mean significant financial deprivation for basic living expenses (rent, clothing, etc) for New Hampshire low-income families with children

045-6176 STATE ASSIST. NON-TANF – IDP

CLIENT PROFILE This category of cash assistance represents families with children who are eligible for the Temporary Assistance to Needy Families (TANF) program, but for purposes of meeting the federal work participation requirements, were removed from the co-mingled federal/state program and captured in this solely state-funded program under authority provided in RSA 167: 77-e. The casehead is temporarily disabled or is the primary caregiver for a disabled dependent, which prevents the casehead from participating in the New Hampshire Employment Program (NHEP).

	TOTAL GENERAL			Cost Per Case (Not Rounded) Total Funds
Rounded to \$000	FUNDS	FUNDS	CASELOAD	
SFY10 Actual	\$3,861	\$3,861	781	\$6,592
SFY11 Adj Auth	\$5,212	\$5,212	777	\$6,617
SFY12 Maint Req	\$5,733	\$5,733	834	\$6,875
SFY13 Maint Req	\$5,850	\$5,850	851	\$6,875
SFY12 Governor	\$4,747	\$4,747	693	\$6,850
SFY13 Governor	\$4,762	\$4,762	693	\$6,872
SFY12 House	\$4,747	\$4,747	693	\$6,850
SFY13 House	\$4,762	\$4,762	693	\$6,872

SERVICES PROVIDED Cash Assistance

IMPACT IF SERVICES LOST: Three impacts are potential. 1) Costs would be downshifted to municipal cities and towns. Statute requires cities and towns to provide basic assistance; 2) To the extent that towns are relieved of their statutory burden, churches and charities are the remaining safety nets. 3) A reduction to the safety net would mean significant financial deprivation for basic living expenses (rent, clothing, etc) for New Hampshire low-income families with children.

045-6176STATE ASSIST. NON-TANF – UP

CLIENT PROFILE -This category of cash assistance represents families with children who are eligible for the Temporary Assistance to Needy Families (TANF) program, but for purposes of meeting the federal work participation requirements, were removed from the co-mingled federal/state program and captured in this solely state-funded program under authority provided in RSA 167 :77-e. UP households are 2-Parent households in which the primary wage earner is unemployed or underemployed.

	TOTAL GENERAL			Cost Per Case (Not Rounded)
Rounded to \$000	FUNDS	FUNDS	CASELOAD	Total Funds
SFY10 Actual	\$2,252	\$2,252	315	\$7,150
SFY11 Adj Auth	\$1,828	\$1,828	261	\$6,951
SFY12 Maint Req	\$2,607	\$2,607	352	\$7,406
SFY13 Maint Req	\$2,659	\$2,659	359	\$7,406
SFY12 Governor	\$1,756	\$1,756	251	\$6,995
SFY13 Governor	\$1,762	\$1,762	254	\$6,936
SFY12 House	\$0	\$0	0	\$0
SFY13 House	\$0	\$0	0	\$0

SERVICES PROVIDED Cash Assistance

IMPACT IF SERVICES LOST:

Three impacts are potential. 1) Costs would be downshifted to municipal cities and towns. Statute requires cities and towns to provide basic assistance; 2) To the extent that towns are relieved of their statutory burden, churches and charities are the remaining safety nets. 3) A reduction to the safety net would mean significant financial deprivation for basic living expenses (rent, clothing, etc) for New Hampshire low-income families with children.

095-6128 CHILD SUPPORT SERVICES
095-5684 CHILD SUPPORT LEGAL

		Child Support		Child Legal		Cost Per Case (Not Rounded)	
Rounded to \$000		TOTAL GENERAL FUNDS	TOTAL GENERAL FUNDS	TOTAL GENERAL FUNDS	TOTAL GENERAL FUNDS	CASELOAD	Total Funds
SFY10	Actual	\$10,174	\$3,776	\$1,742	\$592	35,950	\$331
SFY11	Adj Auth	\$11,885	\$3,053	\$1,956	\$654	36,000	\$384
SFY12	Maint Req	\$13,230	\$3,933	\$2,076	\$706	36,000	\$425
SFY13	Maint Req	\$13,305	\$3,957	\$2,077	\$706	36,000	\$427
SFY12	Governor	\$12,577	\$3,711	\$1,995	\$678	36,000	\$405
SFY13	Governor	\$12,601	\$3,718	\$1,988	\$676	36,000	\$405
SFY12	House	\$12,580	\$3,240	\$1,946	\$662	36,000	\$404
SFY13	House	\$12,605	\$3,246	\$1,937	\$659	36,000	\$404

SERVICES PROVIDED:

Services must be made available to any individual who applies, regardless of income. Families on TANF receive child support services as a condition of their eligibility for public assistance and all rights to child support are assigned to the state. Cases fall into three categories:

Current Assistance = 5,645 (currently receiving public assistance)

Former Assistance = 17,262 (received TANF assistance in the past)

Never Assistance = 13,026 (have never received TANF assistance)

The Former Assistance cases are the most fragile and the reliable receipt of child support is essential to keeping these families from moving back onto public assistance. With the exception of Current Assistance cases, all other cases will be impacted by a cost recovery fee: \$3.00 for each child support disbursement over \$20.00. This fee is subject to rulemaking authority and is scheduled for JLCAR approval on April 15, 2011.

Child Support services are mandated under Title IV-D of the Social Security Act (42 USC 651-669), Code of Federal Regulations 45 CFR part 300-310, and RSAs 126A; 161; 161-B; 161-C; 458-B; 461-A; 546-B. Services include: establishment of paternity and support orders, enforcement of financial and medical support orders, distribution and disbursement of child support collections. Child Support collections in TANF cases are retained by the state and used to offset general funds. Amounts retained by the state are not included in the child support budget.

IMPACT IF SERVICES LOST

Child support consists of private funds collected from parents who are legally obligated to support their children. If child support services are lost, the financial stability of families would be compromised and the need for public assistance would increase. Program penalties and sanctions would be imposed on the state for failure to comply with the above referenced federally mandated requirements. There would also be a financial penalty imposed on the TANF block grant.

90-5530 FAMILY PLANNING PROGRAM

	TOTAL GENERAL	
Rounded to \$000	FUNDS	FUNDS
SFY10 Actual	\$2,357	\$877
SFY11 Adj Auth	\$2,370	\$954
SFY12 Maint Req	\$2,411	\$958
SFY13 Maint Req	\$2,408	\$957
SFY12 Governor	\$2,272	\$821
SFY13 Governor	\$2,139	\$691
SFY12 House	\$1,861	\$410
SFY13 House	\$1,793	\$345

SERVICES PROVIDED Over the past 40 years, Title X family planning clinics have played a critical role in ensuring access to a broad range of family planning and related preventive health services for low-income or uninsured individuals and others. In addition to contraceptive services and related counseling, Title X-supported clinics provide a number of related preventive health services such as:

- Patient education and counseling;
- Breast and pelvic examinations;
- Breast and cervical cancer screening according to nationally recognized standards of care;
- Sexually transmitted disease (STD) and Human Immunodeficiency Virus (HIV) prevention education, counseling, testing and referral; and
- Pregnancy diagnosis and counseling.
- The package of services provided in a Family Planning clinic is the same as is provided in a woman's gynecological exam. This is often a woman's entry point into the health care system.
 - Six out of 10 women who obtain care at a Family Planning clinic consider it their usual source of medical care.
 - One in six women obtain their Pap test or pelvic exam in a Family Planning clinic.
- One third of the women have an HIV test or receive counseling, testing or treatment for an STD other than HIV in a Family Planning clinic.

The New Hampshire Title X Family Planning Program funds 11 delegate agencies. Title X Family Planning services are currently provided statewide at 28 clinical sites. Seven Community Health Centers are delegate agencies, operating 15 out of the 28 clinical sites. The screening and care providing by Title X agencies can often be the only healthcare services that some Family Planning Program clients receive

IMPACT IF SERVICES LOST

- 13,738 citizens <100% FPL received services funded by 100% Family Planning funds in New Hampshire in 2010. 21,370 citizens whose incomes are less than 250% of FPL received services.
- Decrease in funding will result in a disproportionate decrease in clients served, because some of these agencies will no longer be able to provide Title X related Services.
- In some areas, most particularly Coos county, the CHC/Family Planning delegate agency is not only the “safety net provider” for the uninsured, but is the only healthcare practice available for all residents.
- If agencies could not continue to deliver family planning services, it would jeopardize New Hampshire’s current Title X State Plan and funding agreement with the federal government. This could impact the amount of Title X funding New Hampshire receives, further jeopardizing family planning services to the neediest New Hampshire citizens.
 - Because these funds help support the infrastructure of the safety net services for family planning, the reduction may impact more than just the availability of services for the proportional decrease in low-income clients.
 - Every dollar invested in family planning services saves \$4.00 in other health and social services.

090-5177 VACCINES - INSURER
090-5178 IMMUNIZATION PROGRAM

		VACCINES - INSURERS		IMMUNIZATION PROGRAM	
		TOTAL	GENERAL	TOTAL	GENERAL
Rounded to \$000		FUNDS	FUNDS	FUNDS	FUNDS
SFY10	Actual	\$14,247	\$0	\$2,034	\$573
SFY11	Adj Auth	\$22,000	\$0	\$2,451	\$458
SFY12	Maint Req	\$20,000	\$0	\$2,301	\$472
SFY13	Maint Req	\$20,000	\$0	\$2,319	\$486
SFY12	Governor	\$20,000	\$0	\$2,301	\$472
SFY13	Governor	\$20,000	\$0	\$2,319	\$486
SFY12	House	\$20,000	\$0	\$2,282	\$472
SFY13	House	\$20,000	\$0	\$2,296	\$486

SERVICES PROVIDED

Distribute vaccines for all children in NH with the intent of decreasing vaccine preventable disease. Lack of general funds to support this effort may trigger a cascading effect where private organizations may feel they are not obligated to contribute toward the system. Vaccine availability decreased may result in limited access to vaccine for children and an increase in disease burden. The increase in vaccine preventable disease occurrence may broaden the impact to public health, as community protection from illness will decrease (increase population vulnerability to disease). Staff and program will continue but likely to be a limited scope (federal funders may not continue funding without supporting the program mission) and loss of funding may negatively impact current program activity including applying best practices, vaccine tracking and accountability and overall immunization rates for the state. The program staff and activities invest resources toward strengthening provider partnerships and to serve as resources to ensure vaccine accountability and cost efficient use (minimal wastage) by providing and monitoring clinical best practices of vaccine distribution, handling and storage.

IMPACT IF SERVICES LOST

- Vaccine may be in limited supply in provider offices for children.
- Increased incidence of vaccine preventable disease such as pertussis may occur.
- Decreased community protection will likely increase the probability of disease transmission resulting in the occurrence of larger outbreaks of vaccine preventable diseases, deaths may occur particularly in vulnerable populations such as young children.
- Increase illness will impact medical providers increasing office visits and health care costs due to increased disease incidence.

090-2207 WIC FOOD REBATES**090-5260 WIC SUPPLEMENTAL NUTRITION PRG**

	TOTAL GENERAL	TOTAL GENERAL	TOTAL GENERAL	TOTAL GENERAL
Rounded to \$000	FUNDS	FUNDS	FUNDS	FUNDS
SFY10 Actual	\$3,290	\$0	\$12,975	\$0
SFY11 Adj Auth	\$5,008	\$0	\$14,785	\$11
SFY12 Maint Req	\$5,008	\$0	\$14,699	\$10
SFY13 Maint Req	\$5,008	\$0	\$14,681	\$10
SFY12 Governor	\$5,008	\$0	\$14,683	\$10
SFY13 Governor	\$5,008	\$0	\$14,650	\$10
SFY12 House	\$5,008	\$0	\$14,515	\$0
SFY13 House	\$5,008	\$0	\$14,492	\$0

SERVICES PROVIDED

Women, Infant and Children (WIC) provides supplemental foods, breastfeeding support, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who are found to be at nutritional risk. National WIC studies conducted by the U.S. Department of Agriculture (USDA) have shown that WIC enrollment leads to longer pregnancies, fewer premature births, and a greater likelihood of receiving prenatal care; higher mean intakes of iron, vitamin C, thiamin, niacin and vitamin B6; and decreased rates of iron deficiency anemia.

Commodity Supplemental Food Program (CSFP) provides federal commodity foods to postpartum women and preschool children whose WIC eligibility has expired and to low-income seniors.

Farmers Market Nutrition Program (FMNP) provides coupons for fresh fruits and vegetables to seniors each summer. The benefits of fresh produce are well documented and the FMNP expands the market for locally grown produce. All participating farmers have expanded their crops as a result of FMNP business.

- 18,000 participants a month provided services, including supplemental nutritious foods for high-risk population of low-income pregnant women and preschool children.
- Over 240 local merchants receive over \$9,274,382 a year in reimbursement for food costs.
- Of women enrolled in WIC, breastfeeding initiation was 69% and breastfeeding at 6 months was 26% (2009). Breastfeeding has increased steadily in the WIC population from 1984 when only 47% women breastfed to 69% in 2009. Breastfeeding is a highly proven primary prevention strategy in reducing the risk of diseases, such as childhood obesity, cancer, and diabetes.
- 7,264 seniors will be provided locally grown fruits and vegetables.
- NH farmers will receive approximately \$82,987 in reimbursement for food costs.

IMPACT IF SERVICES LOST

NH population in need will not be able to access the services and there will be a financial impact on the business community.

095-6138 SCHIP

CLIENT PROFILE

Premium based, managed care plan for children 1-19, 185%-300% FPL. Federal match rate = 65%. Average time a child is on CHIP is six months. CHIP serves as safety net for families who have lost employer sponsored insurance including those who are self-employed. Families 185% - 250% FPL pay \$32.00 per child per month. Families 250%-300% FPL pay \$54.00 per child per month. Other cost sharing includes co-pays. Out of pocket expenses limited to 5% income per federal regulations. Current Caseload 7,994 children.

SCHIP	Prov	Prov	Caseload	Cost Per
	Pmt	Pmt		Case (Not
				Rounded)
	Total	Genl		Total
	Funds	Funds		Funds
	Rounded to \$000			
SFY10 Actual	\$16,830	\$5,891	7,994	\$2,105
SFY11 Adj Auth	\$16,830	\$5,891	8,615	\$1,954
SFY12 Maint Req	\$23,323	\$8,163	9,338	\$2,498
SFY13 Maint Req	\$27,545	\$9,641	10,152	\$2,713
SFY12 Governor	\$16,391	\$5,737	9,338	\$1,755
SFY13 Governor	\$14,981	\$5,243	10,152	\$1,476
SFY12 House	\$16,391	\$5,737	9,338	\$1,755
SFY13 House	\$14,981	\$5,243	10,152	\$1,476

SERVICES PROVIDED

Set of health care benefits focused on wellness and prevention that meet federal requirement for benchmark coverage. Pre-paid limited dental benefit. DHHS contracts with NH Healthy Kids Corp. for administrative services including: assisting families with application and enrollment processes; outreach and education; processing of monthly premiums; maintain call center. NHHK subcontracts with Harvard Pilgrim and Northeast Delta Dental as insurance underwriters. Also negotiate discounted rates with hospitals and other providers totaling \$3.4M annually. CHIPRA 2009 dental requirements and State mandate to cover autism spectrum disorders will impact cost of program significantly.

IMPACT IF SERVICES LOST

This eligibility category is subject to maintenance of effort requirement as found in the PPACA federal legislation as it relates to eligibility. No ability to reduce benefits due to benchmark requirement for managed care plans. Options: consider exempting program from autism spectrum coverage mandate; consider transition from stand-alone program to Medicaid

expansion to reduce medical services costs and/or transition day-to-day administration into DHHS to reduce administrative costs.

095-6147 Provider Payments and 095-6143 Pharmacy

CLIENT PROFILE

Children (0 to 18) enrolled in Medicaid through the Aid to Needy Blind eligibility category who are determined to be legally blind receive full Medicaid benefit. Current caseload 140 children.

ANB Child 0 to 18 yrs old						
	Prov Pmt	Prov Pmt	Drugs	Drugs		Cost Per Case (Not Rounded)
	Total Funds	Genl Funds	Total Funds	Genl Funds	Caseload	Total Funds
Rounded to \$000						
SFY10 Actual	\$4,252	\$2,126	\$382	\$191	142	\$32,634
SFY11 Adj Auth	\$4,817	\$2,408	\$454	\$227	144	\$36,604
SFY12 Maint Req	\$5,344	\$2,672	\$420	\$210	150	\$38,427
SFY13 Maint Req	\$6,009	\$3,005	\$443	\$221	154	\$41,896
SFY12 Governor	\$4,789	\$2,093	\$416	\$208	147	\$35,408
SFY13 Governor	\$4,800	\$2,078	\$439	\$219	148	\$35,399
SFY12 House	\$4,776	\$1,232	\$416	\$188	147	\$35,320
SFY13 House	\$4,787	\$1,163	\$439	\$195	148	\$35,311

SERVICES PROVIDED

Mandate Patients Top Categories of Service		
Fed	93	OUTPATIENT HOSPITAL GENERAL
Fed	32	HOME HEALTH SERVICES
Fed	19	INPATIENT HOSPITAL GENERAL
Fed	122	OTHER FED MANDATE
State	14	OTHER STATE MANDATE
Opt	28	PRIVATE DUTY NURSING
Opt	95	MEDICAL SUPPLIES AND DME
Opt	55	OTHER OPTIONAL
Opt	123	DISPENSE PRESCRIBED DRUGS
142		SFY 2010 Unique Count of Patients in Group

SERVICES PROVIDED:

Below is a table of optional Medicaid State Plan services provided to adults. The list includes drugs, which are considered optional Medicaid Services by CMS, but are considered elementary to primary and preventative healthcare by NH Medicaid.

Category of Service Description	Comment on Current Utilization Controls
Drugs	Over-The-Counter (OTC) drug restrictions; dose optimization program requires a Prior Authorization (PA) for the two tablet dosage form, thus encouraging the prescriber to use an "optimized" dosage form; Maximum Allowable Cost (MAC): A program which sets a MAC price for over 4,000 drugs; preferred drug list
Durable Medical equipment and supplies	Prior Authorized, ability to reduce affected by mandatory Medicaid requirements to cover supplies used in home.
Private Duty Nursing	Requires prior authorization per He-W 540.
Personal Care Services	Requires care plan reviewed every 60 days per He-W 552.
Wheelchair van	Limited to 24 trips per year to medical related appointments per He-W 573.
Ambulance Services	Requires medical necessity (emergency)
Psychology	Service limited to 12 visits annually, ability to reduce may be affected by mental health parity requirements in Troubled Assets Relief Program (TARP)
Adult Medical Day Care	Currently requires presence of chronic illness and imminent danger of institutionalization.
Eyeglasses	Currently competitively procured, requires medical necessity. eyeglass frames purchased under this agreement are guaranteed against breakage for two years from date of purchase.
Medical Services Clinic (Methadone Clinics)	Budget reduced per HB 2, 2009, Rates reduced by 33% in Step 2.

IMPACT IF SERVICES LOST

This eligibility category is subject to maintenance of effort requirement as found in the PPACA federal legislation as it relates to eligibility. Highest categories of service utilization for this population are drugs, medical supplies and durable medical equipment and outpatient hospital services. Reduction and/or elimination of Optional Benefits not realistic due to EPSDT (Early Periodic Screening, Diagnosis and Treatment) requirement that requires a state to cover a service even if not contained in the Medicaid state plan if deemed medically necessary by a physician.

095-6147 Provider Payments and 095-6143 Pharmacy

CLIENT PROFILE

Adults (19+) enrolled in Medicaid through the Aid to Needy Blind program who are determined to be legally blind and receive full Medicaid benefit. Current caseload 300.

ANB Adult 19 Plus						
	Prov Pmt	Prov Pmt	Drugs	Drugs		Cost Per Case (Not Rounded)
	Total Funds	Genl Funds	Total Funds	Genl Funds	Caseload	Total Funds
Rounded to \$000						
SFY10 Actual	\$1,947	\$974	\$568	\$284	296	\$8,497
SFY11 Adj Auth	\$2,196	\$1,098	\$674	\$337	301	\$9,535
SFY12 Maint Req	\$2,407	\$1,204	\$624	\$312	313	\$9,684
SFY13 Maint Req	\$2,696	\$1,348	\$658	\$329	322	\$10,416
SFY12 Governor	\$2,173	\$949	\$618	\$309	306	\$9,121
SFY13 Governor	\$2,185	\$946	\$652	\$326	309	\$9,181
SFY12 House	\$2,155	\$556	\$618	\$279	306	\$9,062
SFY13 House	\$2,168	\$527	\$652	\$290	309	\$9,126

SERVICES PROVIDED

Mandate	Patients	Top Categories of Service
Fed	214	OUTPATIENT HOSPITAL GENERAL
Fed	3	SNF NURSING HOME ATYPICAL CARE
Fed	24	HOME HEALTH SERVICES
Fed	56	INPATIENT HOSPITAL GENERAL
Fed	265	PHYSICIANS SERVICES
Fed	11	SKILL NURSING FAC NURSING HOME
Fed	107	OTHER FED MANDATE
State	1	OTHER STATE MANDATE
Opt	3	PRIVATE DUTY NURSING
Opt	121	MEDICAL SUPPLIES AND DME
Opt	125	OTHER OPTIONAL
Opt	222	DISPENSE PRESCRIBED DRUGS
	296	SFY 2010 Unique Count of Patients in Group

SERVICES PROVIDED: Below is a table of optional Medicaid State Plan services provided to adults. The list includes drugs, which are considered optional Medicaid Services by CMS, but are considered elementary to primary and preventative healthcare by NH Medicaid.

Category of Service Description	Comment on Current Utilization Controls
Drugs	Over-The-Counter (OTC) drug restrictions; dose optimization program requires a Prior Authorization (PA) for the two tablet dosage form, thus encouraging the prescriber to use an "optimized" dosage form; Maximum Allowable Cost (MAC): A program which sets a MAC price for over 4,000 drugs; preferred drug list
Durable Medical equipment and supplies	Prior Authorized, ability to reduce affected by mandatory Medicaid requirements to cover supplies used in home.
Private Duty Nursing	Requires prior authorization per He-W 540.
Personal Care Services	Requires care plan reviewed every 60 days per He-W 552.
Wheelchair van	Limited to 24 trips per year to medical related appointments per He-W 573.
Ambulance Services	Requires medical necessity (emergency)
Psychology	Service limited to 12 visits annually, ability to reduce may be affected by mental health parity requirements in Troubled Assets Relief Program (TARP)
Adult Medical Day Care	Currently requires presence of chronic illness and imminent danger of institutionalization.
Eyeglasses	Currently competitively procured, requires medical necessity. eyeglass frames purchased under this agreement are guaranteed against breakage for two years from date of purchase.
Medical Services Clinic (Methadone Clinics)	Budget reduced per HB 2, 2009, Rates reduced by 33% in Step 2.

IMPACT IF SERVICES LOST

This eligibility category is subject to maintenance of effort requirement as found in the PPACA federal legislation as it relates to eligibility. Highest categories of service utilization for this population are physicians, drugs and outpatient hospital. Medicaid Optional Benefits could be eliminated for this eligibility category however, DHHS does not support elimination of the pharmacy benefit.

095-6147 Provider Payments and 095-6143 Pharmacy

CLIENT PROFILE

Children enrolled in Medicaid as a result of being in foster care or post-foster care adoption.
Current caseload 2,800.

Foster Care Adoption Subsidy						
	Prov Pmt	Prov Pmt	Drugs	Drugs		Cost Per Case (Not Rounded)
	Total Funds	Genl Funds	Total Funds	Genl Funds	Caseload	Total Funds
	Rounded to \$000					
SFY10 Actual	\$4,944	\$2,472	\$2,802	\$1,401	2,801	\$2,765
SFY11 Adj Auth	\$5,544	\$2,772	\$3,324	\$1,662	2,850	\$3,112
SFY12 Maint Req	\$5,987	\$2,994	\$3,077	\$1,539	2,959	\$3,063
SFY13 Maint Req	\$6,670	\$3,335	\$3,245	\$1,623	3,044	\$3,257
SFY12 Governor	\$5,452	\$2,382	\$3,048	\$1,524	2,893	\$2,938
SFY13 Governor	\$5,505	\$2,384	\$3,216	\$1,608	2,922	\$2,985
SFY12 House	\$5,373	\$1,386	\$3,048	\$1,375	2,893	\$2,911
SFY13 House	\$5,426	\$1,319	\$3,216	\$1,431	2,922	\$2,958

SERVICES PROVIDED

Mandate	Patients	Top Categories of Service
Fed	1,442	OUTPATIENT HOSPITAL GENERAL
Fed	54	INPATIENT HOSPITAL GENERAL
Fed	1,827	DENTAL SERVICE
Fed	2,125	PHYSICIANS SERVICES
Fed	603	FQHC AND RHC
Fed	479	OTHER FED MANDATE
State	30	OTHER STATE MANDATE
Opt	610	PSYCHOLOGY
Opt	166	MEDICAL SUPPLIES AND DME
Opt	9	PRIVATE DUTY NURSING
Opt	725	OTHER OPTIONAL
Opt	2,117	DISPENSE PRESCRIBED DRUGS
	2,801	SFY 2010 Unique Count of Patients in Group

SERVICES PROVIDED: Below is a table of optional Medicaid State Plan services provided to adults. The list includes drugs, which are considered optional Medicaid Services by CMS, but are considered elementary to primary and preventative healthcare by NH Medicaid.

Category of Service Description	Comment on Current Utilization Controls
Drugs	Over-The-Counter (OTC) drug restrictions; dose optimization program requires a Prior Authorization (PA) for the two tablet dosage form, thus encouraging the prescriber to use an "optimized" dosage form; Maximum Allowable Cost (MAC): A program which sets a MAC price for over 4,000 drugs; preferred drug list
Durable Medical equipment and supplies	Prior Authorized, ability to reduce affected by mandatory Medicaid requirements to cover supplies used in home.
Private Duty Nursing	Requires prior authorization per He-W 540.
Personal Care Services	Requires care plan reviewed every 60 days per He-W 552.
Wheelchair van	Limited to 24 trips per year to medical related appointments per He-W 573.
Ambulance Services	Requires medical necessity (emergency)
Psychology	Service limited to 12 visits annually, ability to reduce may be affected by mental health parity requirements in Troubled Assets Relief Program (TARP)
Adult Medical Day Care	Currently requires presence of chronic illness and imminent danger of institutionalization.
Eyeglasses	Currently competitively procured, requires medical necessity. eyeglass frames purchased under this agreement are guaranteed against breakage for two years from date of purchase.
Medical Services Clinic (Methadone Clinics)	Budget reduced per HB 2, 2009, Rates reduced by 33% in Step 2.

IMPACT IF SERVICES LOST

This eligibility category is subject to maintenance of effort requirement as found in the PPACA federal legislation as it relates to eligibility. Highest categories of service utilization for this population are physicians, drugs and dental. Reduction and/or elimination of Optional Benefits not realistic due to EPSDT (Early Periodic Screening, Diagnosis and Treatment) requirement that requires a state to cover a service even if not contained in the Medicaid state plan if deemed medically necessary by a physician.

095-6147 Provider Payments and 095-6143 Pharmacy

CLIENT PROFILE

Home Care for Children With Severe Disabilities. Children eligibility citatory provides Medicaid benefits that allow child to remain in the home rather than in an institution. Current caseload 1,700.

HC CSD (Katie Beckett) Child						
	Prov Pmt	Prov Pmt	Drugs	Drugs		Cost Per Case (Not Rounded)
	Total Funds	Genl Funds	Total Funds	Genl Funds	Caseload	Total Funds
	Rounded to \$000					
SFY10 Actual	\$12,375	\$6,188	\$3,188	\$1,594	1,693	\$9,193
SFY11 Adj Auth	\$13,969	\$6,984	\$3,781	\$1,890	1,723	\$10,302
SFY12 Maint Req	\$15,350	\$7,675	\$3,500	\$1,750	1,789	\$10,537
SFY13 Maint Req	\$17,204	\$8,602	\$3,691	\$1,846	1,840	\$11,356
SFY12 Governor	\$13,833	\$6,045	\$3,467	\$1,734	1,748	\$9,897
SFY13 Governor	\$13,902	\$6,020	\$3,658	\$1,829	1,766	\$9,943
SFY12 House	\$13,739	\$3,545	\$3,467	\$1,564	1,748	\$9,843
SFY13 House	\$13,807	\$3,355	\$3,658	\$1,628	1,766	\$9,890

SERVICES PROVIDED

Mandate Patients Top Categories of Service

Fed	889	OUTPATIENT HOSPITAL GENERAL
Fed	158	HOME HEALTH SERVICES
Fed	93	INPATIENT HOSPITAL GENERAL
Fed	1,222	PHYSICIANS SERVICES
Fed	818	OTHER FED MANDATE
State	1	OTHER STATE MANDATE
Opt	76	PRIVATE DUTY NURSING
Opt	545	OTHER OPTIONAL
Opt	662	MEDICAL SUPPLIES AND DME
Opt	1,450	DISPENSE PRESCRIBED DRUGS
1,693		SFY 2010 Unique Count of Patients in Group

SERVICES PROVIDED:

Below is a table of optional Medicaid State Plan services provided to adults. The list includes drugs, which are considered optional Medicaid Services by CMS, but are considered elementary to primary and preventative healthcare by NH Medicaid.

Category of Service Description	Comment on Current Utilization Controls
Drugs	Over-The-Counter (OTC) drug restrictions; dose optimization program requires a Prior Authorization (PA) for the two tablet dosage form, thus encouraging the prescriber to use an "optimized" dosage form; Maximum Allowable Cost (MAC): A program which sets a MAC price for over 4,000 drugs; preferred drug list
Durable Medical equipment and supplies	Prior Authorized, ability to reduce affected by mandatory Medicaid requirements to cover supplies used in home.
Private Duty Nursing	Requires prior authorization per He-W 540.
Personal Care Services	Requires care plan reviewed every 60 days per He-W 552.
Wheelchair van	Limited to 24 trips per year to medical related appointments per He-W 573.
Ambulance Services	Requires medical necessity (emergency)
Psychology	Service limited to 12 visits annually, ability to reduce may be affected by mental health parity requirements in Troubled Assets Relief Program (TARP)
Adult Medical Day Care	Currently requires presence of chronic illness and imminent danger of institutionalization.
Eyeglasses	Currently competitively procured, requires medical necessity. eyeglass frames purchased under this agreement are guaranteed against breakage for two years from date of purchase.
Medical Services Clinic (Methadone Clinics)	Budget reduced per HB 2, 2009, Rates reduced by 33% in Step 2.

IMPACT IF SERVICES LOST

This eligibility category is subject to maintenance of effort requirement as found in the PPACA federal legislation as it relates to eligibility. Highest categories of service utilization for this population are physicians, drugs and outpatient hospital services. Reduction and/or elimination of Optional Benefits not realistic due to EPSDT (Early Periodic Screening, Diagnosis and Treatment) requirement that requires a state to cover a service even if not contained in the Medicaid state plan if deemed medically necessary by a physician.

095-6147 Provider Payments and 095-6143 Pharmacy

CLIENT PROFILE

Children (0-18) enrolled in Medicaid due to low-income status (< 185% FPL). Often referred to as "TANF" population. Eligibility group broken out by ages and federal poverty levels as part of determining eligibility however for the purpose of the Building Blocks Budget the costs have been aggregated. Current caseload 84,500.

NonPreg Child 0 to 18 TANF Poverty						
	Prov Pmt	Prov Pmt	Drugs	Drugs		Cost Per Case (Not Rounded)
	Total Funds	Genl Funds	Total Funds	Genl Funds	Caseload	Total Funds
	Rounded to \$000					
SFY10 Actual	\$105,927	\$52,964	\$25,697	\$12,848	84,926	\$1,550
SFY11 Adj Auth	\$118,755	\$59,378	\$30,478	\$15,239	86,412	\$1,727
SFY12 Maint Req	\$128,145	\$64,072	\$28,216	\$14,108	89,717	\$1,743
SFY13 Maint Req	\$142,719	\$71,359	\$29,756	\$14,878	92,297	\$1,869
SFY12 Governor	\$116,743	\$51,017	\$27,951	\$13,976	87,708	\$1,650
SFY13 Governor	\$117,912	\$51,056	\$29,492	\$14,746	88,585	\$1,664
SFY12 House	\$115,006	\$29,672	\$27,951	\$12,606	87,708	\$1,630
SFY13 House	\$116,175	\$28,321	\$29,492	\$13,125	88,585	\$1,644

SERVICES PROVIDED

Mandate	Patients	Top Categories of Service
Fed	45,425	OUTPATIENT HOSPITAL GENERAL
Fed	5,974	INPATIENT HOSPITAL GENERAL
Fed	69,842	PHYSICIANS SERVICES
Fed	49,414	DENTAL
Fed	13,801	FQHC AND RHC
Fed	1,444	HOME HEALTH SERVICES
Fed	9,495	OTHER FED MANDATE
State	1,519	OTHER STATE MANDATE
Opt	4,608	MEDICAL SUPPLIES AND DME
Opt	4,080	PSYCHOLOGY
Opt	15,342	OTHER OPTIONAL
Opt	57,794	DISPENSE PRESCRIBED DRUGS
	84,926	SFY 2010 Unique Count of Patients in Group

SERVICES PROVIDED:

Below is a table of optional Medicaid State Plan services provided to adults. The list includes drugs, which are considered optional Medicaid Services by CMS, but are considered elementary to primary and preventative healthcare by NH Medicaid.

Category of Service Description	Comment on Current Utilization Controls
Drugs	Over-The-Counter (OTC) drug restrictions; dose optimization program requires a Prior Authorization (PA) for the two tablet dosage form, thus encouraging the prescriber to use an "optimized" dosage form; Maximum Allowable Cost (MAC): A program which sets a MAC price for over 4,000 drugs; preferred drug list
Durable Medical equipment and supplies	Prior Authorized, ability to reduce affected by mandatory Medicaid requirements to cover supplies used in home.
Private Duty Nursing	Requires prior authorization per He-W 540.
Personal Care Services	Requires care plan reviewed every 60 days per He-W 552.
Wheelchair van	Limited to 24 trips per year to medical related appointments per He-W 573.
Ambulance Services	Requires medical necessity (emergency)
Psychology	Service limited to 12 visits annually, ability to reduce may be affected by mental health parity requirements in Troubled Assets Relief Program (TARP)
Adult Medical Day Care	Currently requires presence of chronic illness and imminent danger of institutionalization.
Eyeglasses	Currently competitively procured, requires medical necessity. eyeglass frames purchased under this agreement are guaranteed against breakage for two years from date of purchase.
Medical Services Clinic (Methadone Clinics)	Budget reduced per HB 2, 2009, Rates reduced by 33% in Step 2.

IMPACT IF SERVICES LOST

This eligibility category is subject to maintenance of effort requirement as found in the PPACA federal legislation as it relates to eligibility. Highest categories of service utilization for this population are physicians, drugs and dental services. Reduction and/or elimination of Optional Benefits not realistic due to EPSDT (Early Periodic Screening, Diagnosis and Treatment) requirement that requires a state to cover a service even if not contained in the Medicaid state plan if deemed medically necessary by a physician.

095-6147 Provider Payments and 095-6143 Pharmacy

CLIENT

Children (0-18) enrolled in Medicaid due to low-income status (<185% FPL) that are pregnant.
Current caseload 628.

Preg Child 0 to 18 TANF Poverty Provider						
	Prov Pmt	Prov Pmt	Drugs	Drugs		Cost Per Case (Not Rounded) Total Funds
	Total Funds	Genl Funds	Total Funds	Genl Funds	Caseload	
	Rounded to \$000					
SFY10 Actual	\$1,207	\$603			628	\$1,922
SFY11 Adj Auth	\$1,075	\$538			639	\$1,682
SFY12 Maint Req	\$1,163	\$581			663	\$1,754
SFY13 Maint Req	\$1,296	\$648			683	\$1,898
SFY12 Governor	\$1,058	\$462			649	\$1,630
SFY13 Governor	\$1,068	\$462			655	\$1,631
SFY12 House	\$1,043	\$269			649	\$1,607
SFY13 House	\$1,053	\$256			655	\$1,608

SERVICES PROVIDED

Mandate	Patients	Top Categories of Service
Fed	215	INPATIENT HOSPITAL GENERAL
Fed	422	PHYSICIANS SERVICES
Fed	464	OUTPATIENT HOSPITAL GENERAL
Fed	125	FQHC AND RHC
Fed	238	OTHER FED MANDATE
State	32	OTHER STATE MANDATE
Opt	324	OTHER OPTIONAL
	628	SFY 2010 Unique Count of Patients in Group

SERVICES PROVIDED:

Below is a table of optional Medicaid State Plan services provided to adults. The list includes drugs, which are considered optional Medicaid Services by CMS, but are considered elementary to primary and preventative healthcare by NH Medicaid.

Category of Service Description	Comment on Current Utilization Controls
Drugs	Over-The-Counter (OTC) drug restrictions; dose optimization program requires a Prior Authorization (PA) for the two tablet dosage form, thus encouraging the prescriber to use an "optimized" dosage form; Maximum Allowable Cost (MAC): A program which sets a MAC price for over 4,000 drugs; preferred drug list
Durable Medical equipment and supplies	Prior Authorized, ability to reduce affected by mandatory Medicaid requirements to cover supplies used in home.
Private Duty Nursing	Requires prior authorization per He-W 540.
Personal Care Services	Requires care plan reviewed every 60 days per He-W 552.
Wheelchair van	Limited to 24 trips per year to medical related appointments per He-W 573.
Ambulance Services	Requires medical necessity (emergency)
Psychology	Service limited to 12 visits annually, ability to reduce may be affected by mental health parity requirements in Troubled Assets Relief Program (TARP)
Adult Medical Day Care	Currently requires presence of chronic illness and imminent danger of institutionalization.
Eyeglasses	Currently competitively procured, requires medical necessity. eyeglass frames purchased under this agreement are guaranteed against breakage for two years from date of purchase.
Medical Services Clinic (Methadone Clinics)	Budget reduced per HB 2, 2009, Rates reduced by 33% in Step 2.

IMPACT IF SERVICES LOST

This eligibility category is subject to maintenance of effort requirement as found in the PPACA federal legislation as it relates to eligibility. Highest categories of service utilization for this population are physician services and outpatient hospital services. Reduction and/or elimination of Optional Benefits not realistic due to EPSDT (Early Periodic Screening, Diagnosis and Treatment) requirement that requires a state to cover a service even if not contained in the Medicaid state plan if deemed medically necessary by a physician.

095-6147 Provider Payments and 095-6143 Pharmacy

CLIENT PROFILE

Adults (19-64) enrolled in Medicaid through TANF, refugee assistance, or post partum extended eligibility, and not pregnant during period. Current caseload 21,200.

NonPreg Adult 19 plus TANF Poverty						
	Prov Pmt	Prov Pmt	Drugs	Drugs		Cost Per Case (Not Rounded)
	Total Funds	Genl Funds	Total Funds	Genl Funds	Caseload	Total Funds
	Rounded to \$000					
SFY10 Actual	\$41,782	\$20,891	\$13,830	\$6,915	21,277	\$2,614
SFY11 Adj Auth	\$46,304	\$23,152	\$16,403	\$8,202	21,649	\$2,897
SFY12 Maint Req	\$48,399	\$24,200	\$15,186	\$7,593	22,477	\$2,829
SFY13 Maint Req	\$53,290	\$26,645	\$16,015	\$8,008	23,124	\$2,997
SFY12 Governor	\$44,945	\$19,641	\$15,044	\$7,522	21,974	\$2,730
SFY13 Governor	\$45,792	\$19,828	\$15,873	\$7,936	22,194	\$2,778
SFY12 House	\$43,647	\$11,261	\$15,044	\$6,785	21,974	\$2,671
SFY13 House	\$44,494	\$10,812	\$15,873	\$7,063	22,194	\$2,720

SERVICES PROVIDED

Mandate Patients Top Categories of Service

Fed	15,347	OUTPATIENT HOSPITAL GENERAL
Fed	17,007	PHYSICIANS SERVICES
Fed	1,414	INPATIENT HOSPITAL GENERAL
Fed	4,098	FQHC AND RHC
Fed	8,012	OTHER FED MANDATE
State	6	OTHER STATE MANDATE
Opt	6,785	OTHER OPTIONAL
Opt	874	MEDICAL SERVICES CLINIC
Opt	16,210	DISPENSE PRESCRIBED DRUGS
		<u>21,277 SFY 2010 Unique Count of Patients in Group</u>

SERVICES PROVIDED:

Below is a table of optional Medicaid State Plan services provided to adults. The list includes drugs, which are considered optional Medicaid Services by CMS, but are considered elementary to primary and preventative healthcare by NH Medicaid.

Category of Service Description	Comment on Current Utilization Controls
Drugs	Over-The-Counter (OTC) drug restrictions; dose optimization program requires a Prior Authorization (PA) for the two tablet dosage form, thus encouraging the prescriber to use an "optimized" dosage form; Maximum Allowable Cost (MAC): A program which sets a MAC price for over 4,000 drugs; preferred drug list
Durable Medical equipment and supplies	Prior Authorized, ability to reduce affected by mandatory Medicaid requirements to cover supplies used in home.
Private Duty Nursing	Requires prior authorization per He-W 540.
Personal Care Services	Requires care plan reviewed every 60 days per He-W 552.
Wheelchair van	Limited to 24 trips per year to medical related appointments per He-W 573.
Ambulance Services	Requires medical necessity (emergency)
Psychology	Service limited to 12 visits annually, ability to reduce may be affected by mental health parity requirements in Troubled Assets Relief Program (TARP)
Adult Medical Day Care	Currently requires presence of chronic illness and imminent danger of institutionalization.
Eyeglasses	Currently competitively procured, requires medical necessity. eyeglass frames purchased under this agreement are guaranteed against breakage for two years from date of purchase.
Medical Services Clinic (Methadone Clinics)	Budget reduced per HB 2, 2009, Rates reduced by 33% in Step 2.

IMPACT IF SERVICES LOST

This eligibility category is subject to maintenance of effort requirement as found in the PPACA federal legislation as it relates to eligibility. Highest categories of service utilization for this population are physicians services, drugs and outpatient hospital services. Medicaid Optional Benefits may be eliminated for this eligibility group however, DHHS does not recommend eliminating pharmacy benefit.

095-6147 Provider Payments and 095-6143 Pharmacy

CLIENT PROFILE

Adult (19+) enrolled in Medicaid through TANF, refugee assistance, or extended eligibility and pregnant during period or due to poverty level and pregnancy (MMIS does not contain data needed to specifically distinguish women enrolled due to pregnancy). Current caseload 7,700.

Preg Adult 19 plus TANF Poverty						
	Prov Pmt	Prov Pmt	Drugs	Drugs		Cost Per Case (Not Rounded) Total Funds
	Total Funds	Genl Funds	Total Funds	Genl Funds	Caseload	
	Rounded to \$000					
SFY10 Actual	\$19,837	\$9,919	\$916	\$458	7,728	\$2,685
SFY11 Adj Auth	\$22,303	\$11,152	\$1,086	\$543	7,863	\$2,975
SFY12 Maint Req	\$24,252	\$12,126	\$1,005	\$503	8,164	\$3,094
SFY13 Maint Req	\$27,083	\$13,542	\$1,060	\$530	8,399	\$3,351
SFY12 Governor	\$21,993	\$9,611	\$996	\$498	7,981	\$2,880
SFY13 Governor	\$22,167	\$9,568	\$1,051	\$525	8,061	\$2,880
SFY12 House	\$21,741	\$5,609	\$996	\$449	7,981	\$2,849
SFY13 House	\$21,914	\$5,325	\$1,051	\$468	8,061	\$2,849

SERVICES PROVIDED

Mandate	Patients	Top Categories of Service
Fed	6,060	OUTPATIENT HOSPITAL GENERAL
Fed	5,994	PHYSICIANS SERVICES
Fed	3,841	INPATIENT HOSPITAL GENERAL
Fed	1,680	FQHC AND RHC
Fed	2,932	OTHER FED MANDATE
Opt	1,201	OTHER OPTIONAL
Opt	204	MEDICAL SERVICES CLINIC
Opt	4,261	DISPENSE PRESCRIBED DRUGS
	<u>7,728</u>	<u>SFY 2010 Unique Count of Patients in Group</u>

SERVICES PROVIDED:

Below is a table of optional Medicaid State Plan services provided to adults. The list includes drugs, which are considered optional Medicaid Services by CMS, but are considered elementary to primary and preventative healthcare by NH Medicaid.

Category of Service Description	Comment on Current Utilization Controls
Drugs	Over-The-Counter (OTC) drug restrictions; dose optimization program requires a Prior Authorization (PA) for the two tablet dosage form, thus encouraging the prescriber to use an "optimized" dosage form; Maximum Allowable Cost (MAC): A program which sets a MAC price for over 4,000 drugs; preferred drug list
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Psychology	Service limited to 12 visits annually, ability to reduce may be affected by mental health parity requirements in Troubled Assets Relief Program (TARP)
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Medical Services Clinic (Methadone Clinics)	Budget reduced per HB 2, 2009, Rates reduced by 33% in Step 2.

IMPACT IF SERVICES LOST

This eligibility category is subject to maintenance of effort requirement as found in the PPACA federal legislation as it relates to eligibility. Highest categories of service utilization for this population are physician services, drugs and outpatient hospital services. Elimination of Medicaid optional benefits is possible however DHHS does not recommend eliminating pharmacy benefit.

095-6147 Provider Payments and 095-6143 Pharmacy**CLIENT PROFILE**

Qualified Medicare Beneficiaries only (no other Medicaid enrollment). Elderly > 64 years old who are enrolled in Medicare and are eligible for Medicaid due to poverty level. Often referred to as “dually eligible” or “Duals”. Medicaid pays Medicare Part B premiums so that Medicare covers health care services first before state pays via Medicaid. Current caseload 5,300.

QMB				
	Prov Pmt	Prov Pmt		
	Total Funds	Genl Funds	Caseload	Cost Per Case (Not Rounded) Total Funds
	Rounded to \$000			
SFY10 Actual	\$5,590	\$2,795	5,375	\$1,040
SFY11 Adj Auth	\$6,171	\$3,085	5,469	\$1,128
SFY12 Maint Req	\$6,380	\$3,190	5,678	\$1,124
SFY13 Maint Req	\$6,996	\$3,498	5,842	\$1,198
SFY12 Governor	\$5,964	\$2,606	5,551	\$1,074
SFY13 Governor	\$6,094	\$2,639	5,607	\$1,087
SFY12 House	\$5,763	\$1,487	5,551	\$1,038
SFY13 House	\$5,893	\$1,432	5,607	\$1,051

SERVICES PROVIDED**Mandate Patients Top Categories of Service**

Fed	4,165	OUTPATIENT HOSPITAL GENERAL
Fed	4,589	PHYSICIANS SERVICES
Fed	735	INPATIENT HOSPITAL GENERAL
Opt	1,423	MEDICAL SUPPLIES AND DME
Fed	1,418	OTHER FED MANDATE
Opt	1,335	OTHER OPTIONAL
<u>5,375</u>		<u>SFY 2010 Unique Count of Patients in Group</u>

SERVICES PROVIDED:

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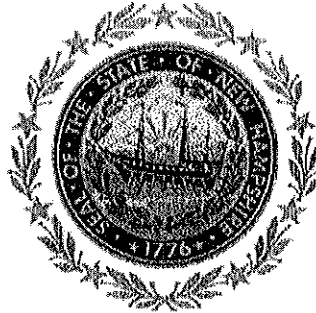
Category of Service Description	Comment on Current Utilization Controls
Drugs	Over-The-Counter (OTC) drug restrictions; dose optimization program requires a Prior Authorization (PA) for the two tablet dosage form, thus encouraging the prescriber to use an "optimized" dosage form; Maximum Allowable Cost (MAC): A program which sets a MAC price for over 4,000 drugs; preferred drug list
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Eyeglasses	Currently competitively procured, requires medical necessity. eyeglass frames purchased under this agreement are guaranteed against breakage for two years from date of purchase.
Medical Services Clinic (Methadone Clinics)	Budget reduced per HB 2, 2009, Rates reduced by 33% in Step 2.

IMPACT IF SERVICES LOST

This eligibility category is subject to maintenance of effort requirement as found in the PPACA federal legislation as it relates to eligibility. Highest categories of service utilization for this population are medical supplies and durable medical equipment, outpatient hospital and physician services. Optional Medicaid benefits can be eliminated for this eligibility group. Medicare provides pharmacy coverage through Part D thus no pharmacy benefit to eliminate in this group.

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**Department of Health and Human Services
Budget Summary
State Fiscal Years Ending June 30, 2010 to 2013
Senate Finance Discussion Document**



Prepared April 5, 2011

MENTAL HEALTH & SUBSTANCE ABUSE

	A	B	C	D	E	F	G
1	Department of Health and Human Services						
2	Budget Adjustments Made During Governor & House Phases						
3	As of March 22, 2011						
4	Figures are General Funds Rounded to \$000						
5	Div	Client	Initiative	SFY12		SFY13	
6				Governor	House	Governor	House
7							
8	Mental Health & Substance Abuse						
9	Mental Health Services						
10	NHH	MH&SA	Restructure Continuing Care Unit (G Unit)	(\$2,483)		(\$2,512)	
11	NHH	MH&SA	Restructure Transitional Housing Services	(\$6,040)		(\$6,097)	
12	BBH	MH&SA	Develop additional community capacity under the 10-year plan & develop a private 20-bed intensive community residential program on the campus of NHH	\$6,040		\$6,040	
13	BBH	MH&SA	Reduce Number of Adults Eligible for Services		(\$6,766)		(\$6,699)
14	BBH	MH&SA	Reduce Number of Children Eligible for Services		(\$5,881)		(\$5,818)
15	GH	MH&SA	Revenue Increase, Daily Rate & Increase Census	(\$661)		(\$673)	
16	GH	MH&SA	Reductions in Personnel & Operating Cost	(\$935)		(\$1,134)	
17	NHH	MH&SA	Tele-video Revenue-Child Services & Overnight Assessments	(\$343)		(\$343)	
18	BBH	MH&SA	Integrate funding in Nashua area between CMHC and Harbor Homes	(\$750)		(\$750)	
19	BBH	MH&SA	Reduce Targeted Case Mgt. rate by 6%	(\$988)		(\$988)	
20	BBH	MH&SA	Eliminate change request for EMR at CMHCs	(\$600)		\$0	
21	BBH	MH&SA	Eliminate funding to State Library	(\$12)		(\$12)	
22	BBH	MH&SA	Eliminate funding for Children's Trust Fund	(\$25)		(\$25)	
23	BBH	MH&SA	Reduce funding for Sex Offender Treatment	(\$3)		(\$3)	
24	BBH	MH&SA	Reduce Peer Support funding	(\$40)		(\$56)	
25	BBH	MH&SA	Reduce Family Mutual Support (NAMI)	(\$20)		(\$35)	
26	BBH	MH&SA	Reduce Dartmouth contract by 5%	(\$18)		(\$18)	
27	BBH	MH&SA	Eliminate Dartmouth Psychiatric Research Center		(\$349)		(\$349)
28	BBH		Suspend requirement for Medical Director				
29							
30	Drug & Alcohol Services						
31	BBH/ BDAS	MH&SA	Merge BDAS into BBH		\$0		\$0
32	BDAS	MH&SA	Contracted Tirrell House Services	(\$96)		(\$101)	
33	BDAS	MH&SA	Remove full funding of Governor's Commission	(\$3,576)		(\$3,576)	
34	BDAS	MH&SA	Reduce Px Eval; Px/Tx Contracts	(\$371)		(\$408)	
35	BDAS	MH&SA	New Hampshire Alliance of Drug & Alcohol Councilors Statewide conference		\$0		(\$40)
36	BDAS	MH&SA	Regional Networks Direct Services		(\$718)		(\$718)
37	BDAS	MH&SA	Referral Education Assistance & Prevention (REAP) program		(\$63)		(\$63)
38	BDAS	MH&SA	Website		(\$21)		(\$21)
39	BDAS	MH&SA	Infrastructure Support		(\$50)		(\$50)
40	BDAS	MH&SA	Treatment Services Contracts		(\$641)		(\$620)
41	Total Mental Health & Substance Abuse Reductions			(\$10,921)	(\$14,489)	(\$10,691)	(\$14,378)

Historically, Community Mental Health operating costs, contracts line, and Medicaid expenses were combined in Org 7010. For FY12-13, BBH restructured its budget. Org 7010 became only Community Mental Health Medicaid expenses. Community Mental Health operating expenses (sal/bene, etc.) and Class 102 (Contracts for program svcs.) were assigned to a new org (5945).

092-7010 COMMUNITY MENTAL HEALTH SERVICES

CLIENT PROFILE: Severely and persistently mentally ill adults

Rounded to \$000		TOTAL FUNDS	GENERAL FUNDS	CASELOAD	Cost Per Case (Not Rounded) Total Funds
SFY10	Actual	\$46,325	\$17,944	4,235	\$10,939
SFY11	Adj Auth	\$43,878	\$17,727	4,464	\$9,830
SFY12	Maint Req	\$53,913	\$26,943	4,660	\$11,569
SFY13	Maint Req	\$55,734	\$27,853	4,814	\$11,578
SFY12	Governors	\$52,641	\$26,307	4,575	\$11,506
SFY13	Governors	\$52,313	\$26,144	4,777	\$10,952
SFY12	House	\$41,815	\$20,901	2,805	\$14,907
SFY13	House	\$45,720	\$22,852	3,007	\$15,205

SERVICES PROVIDED: Full array of community mental health services

IMPACT IF SERVICES LOST:

Approximately 2,000 severely mentally ill adults will lose community mental health services. These adults have a severe and persistent mental illness, which requires ongoing care in order to provide for long-term stability. Most of these individuals will experience a relapse of symptoms and be unable to access services at the CMHC due to capacity that will be diminished by 40%. These individuals will seek services at hospital Emergency Departments due to risk of harm to themselves and others and will be at significant risk without treatment or interventions. These individuals will also have increased contact with local law enforcement, county correctional programs, and primary care physicians, none of which will have the services or supports available to provide assistance.

NH will likely face litigation for violation of the American's with Disabilities Act, and the Olmstead Act for failure to provide community based services to individuals in the most integrated setting appropriate to the needs of the individual.

Finally, NH may jeopardize its Medicaid funding and Disproportionate Share (DSH) funding due to a failure to provide appropriate access to services for qualified Medicaid recipients.

092-7010 COMMUNITY MENTAL HEALTH SERVICES

CLIENT PROFILE: Children and adolescents with serious emotional disturbance who are involved with multiple service agencies.

Rounded to \$000		TOTAL FUNDS	GENERAL FUNDS	CASELOAD	Cost Per Case (Not Rounded) Total Funds
SFY10	Actual	\$21,487	\$8,323	3,741	\$5,743
SFY11	Adj Auth	\$20,352	\$8,222	3,943	\$5,161
SFY12	Maint Req	\$25,006	\$12,497	4,117	\$6,074
SFY13	Maint Req	\$25,851	\$12,919	4,253	\$6,078
SFY12	Gov Rec	\$24,416	\$12,202	4,042	\$6,041
SFY13	Gov Rec	\$24,264	\$12,126	4,220	\$5,750
SFY12	House	\$19,620	\$9,807	4,042	\$4,854
SFY13	House	\$21,453	\$10,723	4,220	\$5,084

SERVICES PROVIDED: Full array of community mental health services

IMPACT IF SERVICES LOST:

Services to SED-Interagency Children will be the only category of children eligible for services with proposed changes in eligibility for services. These are children who have a serious emotional disturbance and are involved with multiple agencies such as DCYF, DJJS, and the Special Education in the school system.

092-7010 COMMUNITY MENTAL HEALTH SERVICESCLIENT PROFILE: Seriously mentally ill adults

Rounded to	Medicaid	TOTAL	GENERAL		Cost Per
\$000	Costs - SMI	FUNDS	FUNDS	CASELOAD	Case (Not
	Only				Rounded)
					Total
					Funds
SFY10	Actual	\$11,68	\$4,528	2,545	\$4,593
SFY11	Adj Auth	\$11,072	\$4,473	2,682	\$4,128
SFY12	Maint Req	\$13,604	\$6,799	2,800	\$4,858
SFY13	Maint Req	\$14,064	\$7,028	2,893	\$4,862
SFY12	Gov Rec	\$13,283	\$6,638	2,749	\$4,831
SFY13	Gov Rec	\$13,201	\$6,597	2,870	\$4,599
SFY12	House	\$10,577	\$5,287	979	\$10,804
SFY13	House	\$11,565	\$5,780	1,100	\$10,513

SERVICES PROVIDED: Full array of community mental health servicesIMPACT IF SERVICES LOST:

Approximately 2,000 adults will lose community mental health services. These adults have a severe mental illness, which requires ongoing care in order to provide for long-term stability. Adults determined eligible for services in this category are often new to services, experiencing for example, a first suicide attempt, or first episode of psychosis. Most of these individuals will experience a relapse of symptoms and be unable to access services at the CMHC due to capacity that will be diminished by 65%. These individuals will seek services at hospital Emergency Departments due to risk of harm to themselves and others and will be at significant risk without treatment or interventions. These individuals will also have increased contact with local law enforcement, county correctional programs, and primary care physicians, none of which will have the services or supports available to provide assistance.

NH will likely face litigation for violation of the American's with Disabilities Act, and the Olmstead Act for failure to provide community based services to individuals in the most integrated setting appropriate to the needs of the individual.

Finally, NH may jeopardize its Medicaid funding and Disproportionate Share (DSH) funding due to a failure to provide appropriate access to services for qualified Medicaid recipients.

CLIENT PROFILE: Adults eligible for services in the "Low Utilizer" category of service.

Rounded to \$000		TOTAL FUNDS	GENERAL FUNDS	CASELOAD	Cost Per Case (Not Rounded) Total Funds
SFY10	Actual	\$1,115	\$432	594	\$1,876
SFY11	Adj Auth	\$ 1,056	\$ 427	626	\$1,686
SFY12	Maint Req	\$1,297	\$648	654	\$1,984
SFY13	Maint Req	\$1,341	\$670	675	\$1,986
SFY12	Governors	\$1,267	\$633	642	\$1,973
SFY13	Governors	\$1,259	\$629	670	\$1,878
SFY12	House	\$0	\$0	0	\$0
SFY13	House	\$0	\$0	0	\$0

SERVICES PROVIDED: Full array of community mental health services

IMPACT IF SERVICES LOST:

700 adults with a severe mental illness, currently in maintenance treatment to prevent relapse and provide for a stable recovery plan will no longer be eligible for services and only be entitled to \$300 a year in community mental health services.

These adults have a severe and persistent mental illness, which requires ongoing care in order to provide for long-term stability. Most of these individuals will experience a relapse of symptoms and be unable to access services at the CMHC due to capacity that will be diminished by 40%. These individuals will seek services at hospital Emergency Departments due to risk of harm to themselves and others and will be at significant risk without treatment or interventions. These individuals will also have increased contact with local law enforcement, county correctional programs, and primary care physicians, none of which will have the services or supports available to provide assistance.

NH will likely face litigation for violation of the American's with Disabilities Act, and the Olmstead Act for failure to provide community based services to individuals in the most integrated setting appropriate to the needs of the individual.

Finally, NH may jeopardize its Medicaid funding and Disproportionate Share (DSH) funding due to a failure to provide appropriate access to services for qualified Medicaid recipients.

092-7010 COMMUNITY MENTAL HEALTH SERVICES

CLIENT PROFILE: Children and adolescents with serious emotional disturbance

Rounded to		TOTAL GENERAL		Cost Per	
\$000		FUNDS	FUNDS	Case (Not	Rounded)
				Total	Funds
SFY10	Actual	\$11,244	\$4,355	3,134	\$3,588
SFY11	Adj Auth	\$10,650	\$4,303	3,303	\$3,224
SFY12	Maint Req	\$13,085	\$6,539	3,448	\$3,795
SFY13	Maint Req	\$13,527	\$6,760	3,562	\$3,798
SFY12	Gov Rec	\$12,777	\$6,385	3,385	\$3,774
SFY13	Gov Rec	\$12,697	\$6,345	3,535	\$3,592
SFY12	House	\$0	\$0	0	\$0
SFY13	House	\$0	\$0	0	\$0

SERVICES PROVIDED: Full array of community mental health services

IMPACT IF SERVICES LOST:

3,500-4,000 children and adolescents lose community mental health services. This will negatively impact schools abilities to maintain these children in the classroom, it will negatively impact parents ability to maintain employment as they will need to provide care to their children, local special education budgets will increase significantly, hospital emergency departments will see increased visits from children and their families in crisis.

NH will likely face federal and state litigation due to a violation of Early Prevention, Screening and Diagnostic Testing (EPSDT) requirements, which obligate states to provide mental health services to all children in need, regardless of whether or not these services are specified within the state medicaid plan. NH will also likely face litigation for violation of the American's with Disabilities Act, and the Olmstead Act for failure to provide community based services to individuals in the most integrated setting appropriate to the needs of the individual.

Finally, NH will jeopardize its Medicaid funding due to a failure to provide appropriate access to services for qualified Medicaid recipients.

092-7010 COMMUNITY MENTAL HEALTH SERVICES

CLIENT PROFILE: Adults, children, and adolescents with less serious symptoms of mental illness

Rounded to \$000		TOTAL FUNDS	GENERAL FUNDS	CASELOAD	Cost Per Case (Not Rounded) Total Funds
SFY10	Actual	\$2,965	\$1,148	6,548	\$453
SFY11	Adj Auth	\$2,808	\$1,135	6,901	\$407
SFY12	Maint Req	\$3,451	\$1,724	7,205	\$479
SFY13	Maint Req	\$3,567	\$1,783	7,443	\$479
SFY12	Gov Rec	\$3,369	\$1,684	7,074	\$476
SFY13	Gov Rec	\$3,348	\$1,673	7,385	\$453
SFY12	House	\$4,378	\$2,188	14,594	\$300
SFY13	House	\$4,787	\$2,393	15,957	\$300

SERVICES PROVIDED: Full array of community mental health services

IMPACT IF SERVICES LOST:

15,000 adults and children will have services reduced to \$300 a year.

Clients who were formerly in services, but no longer eligible for community mental health services due to changes in the requirements for services and caseload reductions for children and adults will now move into this category of service.

These changes reduce the amount of annual services a Medicaid recipient (without a severe mental illness or serious emotional disturbance) is entitled to from \$1,800 a year to \$300 a year. This will only cover 1 outpatient evaluation, and 1 follow-up visit per year.

Without treatment, these individual's symptoms will worsen and they will seek services from primary care, local emergency departments, or private practitioner networks – all of which will cost shift to the Medicaid program in another area.

092-7143 MENTAL HEALTH BLOCK GRANT

CLIENT PROFILE:

Adults with serious mental illness. Although many are involved with Community Mental Health Services, Peer Support Services combat the social isolation by connecting peers with other peers in the community within an environment that promotes recovery.

Peer Support Services

Rounded to		TOTAL GENERAL			Cost Per
\$000		FUNDS	FUNDS	CASELOAD	Case (Not
					Rounded)
					Total
					Funds
SFY10	Actual	\$2,047	\$747	3,553	\$576
SFY11	Adj Auth	\$2,079	\$779	3,744	\$555
SFY12	Maint Req	\$2,095	\$795	3,900	\$537
SFY13	Maint Req	\$2,111	\$811	4,038	\$523
SFY12	Gov Rec	\$2,055	\$755	3,705	\$555
SFY13	Gov Rec	\$2,055	\$755	3,836	\$536
SFY12	House	\$2,111	\$811	3,520	\$600
SFY13	House	\$2,111	\$811	3,644	\$579

SERVICES PROVIDED: Mandated by RSA 126N, complements the services provided by CMHCs. Involves working with others who have followed similar lifetime paths and deal with similar issues.

IMPACT IF SERVICES LOST:

3,500-4,000 adults will lose a less expensive option to services from a CMHC. If the proposed reductions in adults and children eligible for community mental health services are implemented, NH will no longer meet the federal maintenance of effort requirements for the Block Grant and we will lose the entire grant, unless we were able to get a waiver from the federal government waive those requirements. If the waiver is not granted, approximately 2/3 of all the Peer Support Agencies will need to be closed down.

092-7010 Family Mutual Support Svcs

CLIENT PROFILE: Families of persons with mental illness.

Family Mutual Support Svcs

Rounded to		TOTAL	GENERAL		Cost Per
\$000		FUNDS	FUNDS	CASELOAD	Case (Not
					Rounded)
					Total
					Funds
SFY10	Actual	\$461	\$384	3,553	\$576
SFY11	Adj Auth	\$478	\$398	3,744	\$555
SFY12	Maint Req	\$474	\$394	3,900	\$537
SFY13	Maint Req	\$489	\$409	4,038	\$523
SFY12	Gov Rec	\$454	\$374	3,705	\$555
SFY13	Gov Rec	\$454	\$374	3,836	\$536
SFY12	House	\$469	\$389	3,520	\$600
SFY13	House	\$469	\$389	3,644	\$579

SERVICES PROVIDED: Mandated by RSA 126P, includes statewide education and training to assist family members in navigating the multiple service systems encountered by their family members with mental illness. Public awareness of mental illness issues and stigma reduction.

IMPACT IF SERVICES LOST: These are unique services not provided by CMHCs. BBH would have to identify other ways to provide this support to families.

092-7010 COMMUNITY MENTAL HEALTH SERVICES

CLIENT PROFILE: Adults with serious mental illness and children with serious emotional disturbance.

Rounded to \$000		TOTAL FUNDS	GENERAL FUNDS
SFY10	Actual	\$1,916	\$1,916
SFY11	Adj Auth	\$2,221	\$2,221
SFY12	Maint Req	\$3,026	\$3,026
SFY13	Maint Req	\$3,254	\$3,254
SFY12	Gov Rec	\$2,933	\$2,933
SFY13	Gov Rec	\$3,128	\$3,128
SFY12	House	\$2,514	\$2,514
SFY13	House	\$2,708	\$2,708

SERVICES PROVIDED: Funding to Dartmouth to provide evidence based training and implementation of these practices with providers, an indigent care fund for the Cypress Center which is a 16-bed inpatient facility in Manchester, statewide Deaf services for CMHC clients, and several other small contracts.

IMPACT IF SERVICES LOST:

BBH will no longer provide training to providers in Evidence Based Practices, which has been shown to significantly reduce demand for services. One of the EBP's in NH is Supported Employment, which allows consumers to return to the workforce- which will no longer be offered. Inpatient demand would increase at New Hampshire Hospital and local hospitals, as will the cost per client for the delivery of services. As the provision of Evidence Based Practices is also tied to compliance with the ADA and Olmstead, this would also contribute to litigation against the State.

Typically Org 5365 is allocated 80% to Treatment and 20% to Prevention services.

095-5365 ALCOHOL AND OTHER TREATMENT (Treatment)

CLIENT PROFILE Treatment clients are individuals who meet the DSM IV criteria for alcohol or other drug abuse or dependence.

		TOTAL FUNDS	GENERAL FUNDS	CASELOAD	Cost Per Case (Not Rounded) Total Funds
SFY10	Actual	\$4,926	\$ -	3,158	\$1,560
SFY11	Adj Auth	\$5,447	\$ -	3,492	\$1,560
SFY12	Maint Req	\$5,555	\$ -	3,561	\$1,560
SFY13	Maint Req	\$5,634	\$ -	3,611	\$1,560
SFY12	Governor	\$5,542	\$ -	3,553	\$1,560
SFY13	Governor	\$5,618	\$ -	3,601	\$1,560
SFY12	House	\$5,542	\$ -	3,553	\$1,560
SFY13	House	\$5,618	\$ -	3,601	\$1,560

SERVICES PROVIDED: Community based treatment contractors offering crisis intervention, outpatient and intensive outpatient counseling, and residential treatment with varying lengths of stay and intensity of services.

IMPACT IF SERVICES LOST:

Based on the cumulative reduction of General Funds to the Governor's Commission on Alcohol and Other Drug Prevention, Intervention and Treatment fund (Org 1388), as proposed in the Governor and House budgets, the Bureau of Drug & Alcohol Services would not meet the Maintenance of Effort requirements of the federal Block Grant in SFY 12 and SFY 13 resulting in a potential loss of \$2,208,907 in federal funds for treatment services which would result in 1,416 fewer clients receiving treatment over the biennium. Substance abuse disorders are a significant factor and cost driver in many of the health and social issues addressed by the Department of Health and Human Services, other state agencies and the courts. Individuals whose substance disorders would have become stabilized as a result of their obtaining treatment, will very likely continue to experience problems with alcohol and drugs, to be overly represented in the child protection, child support, TANF, mental health and developmental services systems, as well as the criminal justice system, including the courts and correctional facilities. These individuals will likely continue to have a negative impact on their families, community and the state as a whole.

095-5365 ALCOHOL AND OTHER TREATMENT (Prevention)

CLIENT PROFILE Prevention program participants are individuals who are considered at risk for engaging in substance abuse (selected population) or individuals currently engaged in illicit use of substances but do not yet meet the criteria for abuse or dependence (indicated population).

		TOTAL GENERAL FUNDS FUNDS	CASELOAD	Cost Per Case (Not Rounded) Total Funds
SFY10	Actual	\$1,045 \$ -	16,077	\$65
SFY11	Adj Auth	\$1,335 \$ -	20,538	\$65
SFY12	Maint Req	\$1,389 \$ -	Gen Pop Unknown	
SFY13	Maint Req	\$1,408 \$ -	Gen Pop Unknown	
SFY12	Governor	\$1,386 \$ -	Gen Pop Unknown	
SFY13	Governor	\$1,404 \$ -	Gen Pop Unknown	
SFY12	House	\$1,386 \$ -	Gen Pop Unknown	
SFY13	House	\$1,404 \$ -	Gen Pop Unknown	

SERVICES PROVIDED: Limited funding to 10 Regional Community Prevention Coalitions that target the general population.

IMPACT IF SERVICES LOST:

Based on the cumulative reduction of General Funds to the Governor's Commission on Alcohol and Other Drug Prevention, Intervention and Treatment fund, as proposed in the Governor and House budgets, the Bureau of Drug & Alcohol Services would not meet the Maintenance of Effort requirements of the federal Block Grant in SFY 12 and SFY 13 resulting in a potential loss of \$552,226 in federal funds for prevention services which would result in 8,496 fewer clients receiving services over the biennium. Individuals at risk for or that are already experiencing alcohol and other drug problems who do not receive prevention services are significantly more likely to develop a substance abuse disorder.

095-1387 TREATMENT & PREVENTION STATE

CLIENT PROFILE Treatment clients are individuals who meet the DSM IV criteria for alcohol or other drug abuse or dependence.

		TOTAL GENERAL		CASELOAD		Cost Per Case (Not Rounded) Total Funds
		FUNDS	FUNDS			
SFY10	Actual	\$2,189	\$1,981	1,403		\$1,560
SFY11	Adj Auth	\$2,388	\$2,160	1,531		\$1,560
SFY12	Maint Req	\$2,678	\$2,462	1,717		\$1,560
SFY13	Maint Req	\$2,727	\$2,507	1,748		\$1,560
SFY12	Governor	\$2,595	\$2,379	1,663		\$1,560
SFY13	Governor	\$2,640	\$2,420	1,692		\$1,560
SFY12	House	\$2,510	\$2,294	1,609		\$1,560
SFY13	House	\$2,556	\$2,336	1,638		\$1,560

SERVICES PROVIDED: Community based treatment contractors offering crisis intervention, outpatient and intensive outpatient counseling, and residential treatment with varying lengths of stay and intensity of services.

IMPACT IF SERVICES LOST:

If funding from this org were eliminated, the impact to treatment clients receiving services over the biennium is noted above. In addition there would be a dollar for dollar loss of federal Block Grant funds resulting in a further reduction in treatment clients being served. There would also be a loss of 4 staff currently funded by this org. Substance abuse disorders are a significant factor and cost driver in many of the health and social issues addressed by the Department of Health and Human Services, other state agencies and the courts. Individuals whose substance disorders would have become stabilized as a result of their obtaining treatment, will very likely continue to experience problems with alcohol and drugs, to be overly represented in the child protection, child support, TANF, mental health and developmental services systems, as well as the criminal justice system, including the courts and correctional facilities. These individuals will likely continue to have a negative impact on their families, community and the state as a whole.

Typically Org 1388 is allocated 70% to Treatment and 30% to Prevention services.

095-1388 GOVERNOR'S COMMISSION-Treatment

CLIENT PROFILE Treatment clients are individuals who meet the DSM IV criteria for alcohol or other drug abuse or dependence.

		TOTAL GENERAL			Cost Per
		FUNDS	FUNDS	CASELOAD	Case (Not
					Rounded)
					Total
					Funds
SFY10	Actual	\$2,477	\$2,477	1,588	\$1,560
SFY11	Adj Auth	\$2,607	\$2,607	1,671	\$1,560
SFY12	Maint Req	\$2,407	\$2,607	1,671	\$1,560
SFY13	Maint Req	\$2,407	\$2,607	1,671	\$1,560
SFY12	Governor	\$2,058	\$2,058	1,319	\$1,560
SFY13	Governor	\$1,941	\$1,941	1,244	\$1,560
SFY12	House	\$1,533	\$1,533	983	\$1,560
SFY13	House	\$1,388	\$1,388	890	\$1,560

SERVICES PROVIDED: Community based treatment contractors offering crisis intervention, outpatient and intensive outpatient counseling, and residential treatment with varying lengths of stay and intensity of services.

IMPACT IF SERVICES LOST:

Cumulative reductions for the Governor and House budgets will result in a loss of treatment services to 1,117 clients over the biennium. Substance abuse disorders are a significant factor and cost driver in many of the health and social issues addressed by the Department of Health and Human Services, other state agencies and the courts. Individuals whose substance disorders would have become stabilized as a result of their obtaining treatment, will very likely continue to experience problems with alcohol and drugs, to be overly represented in the child protection, child support, TANF, mental health and developmental services systems, as well as the criminal justice system, including the courts and correctional facilities. These individuals will likely continue to have a negative impact on their families, community and the state as a whole.

095-1388 GOVERNOR'S COMMISSION-Infrastructure

CLIENT PROFILE Infrastructure expenditures fund technical assistance programs and a comprehensive series of training specifically devoted to quality improvement for substance abuse treatment and prevention contractor staff.

		TOTAL GENERAL FUNDS FUNDS	CASELOAD	Cost Per Case (Not Rounded) Total Funds
SFY10	Actual	\$0	\$0	0 \$0
SFY11	Adj Auth	\$0	\$0	0 \$0
SFY12	Maint Req	\$200	\$200	0 \$0
SFY13	Maint Req	\$200	\$200	0 \$0
SFY12	Governor	\$200	\$200	0 \$0
SFY13	Governor	\$200	\$200	0 \$0
SFY12	House	\$159	\$159	0 \$0
SFY13	House	\$159	\$159	0 \$0

SERVICES PROVIDED: Technical assistance programs to implement new and improve upon current, evidence based practices and a comprehensive series of trainings for clinical and prevention practitioners.

IMPACT IF SERVICES LOST:

Cumulative reductions for the Governor and House budgets will result in a reduction of approximately 14% to contracts funding the Center for Excellence and a statewide training program and the elimination of a statewide treatment and prevention conference.

095-1388 GOVERNOR'S COMMISSION-Prevention

CLIENT PROFILE Prevention program participants are individuals who are considered at risk for engaging in substance abuse (selected population) or individuals currently engaged in illicit use of substances but do not yet meet the criteria for abuse or dependence (indicated population).

		TOTAL GENERAL			Cost Per
		FUNDS	FUNDS	CASELOAD	Case (Not
					Rounded)
					Total
					Funds
SFY10	Actual	\$1,061	\$1,061	16,329	\$65
SFY11	Adj Auth	\$1,117	\$1,117	17,188	\$65
SFY12	Maint Req	\$1,117	\$1,117	17,188	\$65
SFY13	Maint Req	\$1,117	\$1,117	17,188	\$65
SFY12	Governor	\$968	\$968	14,889	\$65
SFY13	Governor	\$918	\$918	14,118	\$65
SFY12	House	\$0	\$0	0	\$0
SFY13	House	\$0	\$0	0	\$0

SERVICES PROVIDED: Funding to approximately 30 Prevention Direct Service Programs providing services within the context of universal, selected, and indicated prevention strategies such as juvenile diversion, student assistance and other similar intervention programs.

IMPACT IF SERVICES LOST:

Cumulative reductions for the Governor and House budgets will result in a loss of prevention services to 31,434 clients over the biennium. Individuals at risk for or that are already experiencing alcohol and other drug problems who do not receive prevention services are significantly more likely to develop a substance abuse disorder.

095-5367 TIRRELL HOUSE SERVICES

CLIENT PROFILE: Individuals who have completed a short-term residential program and require a less intensive program to transition to independent living in the community.

	TOTAL GENERAL		Cost Per	
	FUNDS	FUNDS	Case (Not	
			Rounded)	
Rounded to \$000			Total	Funds
SFY10 Actual	\$412	\$394	60	\$6,867
SFY11 Adj Auth	\$484	\$470	70	\$6,914
SFY12 Maint Req	\$490	\$475	71	\$6,901
SFY13 Maint Req	\$495	\$480	72	\$6,875
SFY12 Governor	\$379	\$379	57	\$6,912
SFY13 Governor	\$379	\$379	57	\$6,912
SFY12 House	\$379	\$379	57	\$6,912
SFY13 House	\$379	\$379	57	\$6,912

SERVICES PROVIDED: 14 bed transitional living with 90-day average length of stay

IMPACT IF SERVICES LOST:

Reductions proposed in the Governor and House budget will result in the Bureau of Drug & Alcohol Services contracting for these services with no adverse impact to clients served. The elimination of these funds would result in a loss of services to approximately 60 clients per year.

095-5957 SAMHSA Grants (Treatment)

CLIENT PROFILE Treatment clients are individuals who meet the DSM IV criteria for alcohol or other drug abuse or dependence.

		TOTAL GENERAL			Cost Per Case (Not Rounded) Total
		FUNDS	FUNDS	CASELOAD	Funds
SFY10	Actual	\$0	\$ -		\$0
SFY11	Adj Auth	\$0	\$ -		\$0
SFY12	Maint Req	\$0	\$ -		\$0
SFY13	Maint Req	\$0	\$ -		\$0
SFY12	Governor	\$0	\$ -		\$0
SFY13	Governor	\$0	\$ -		\$0
SFY12	House	\$2,886	\$ -	1,331	\$2,168
SFY13	House	\$2,972	\$ -	1,366	\$2,176

SERVICES PROVIDED: Federal grant providing outpatient and recovery support services to prisoners re-entering the community from state correctional facilities, multiple driving while intoxicated offenders and veterans returning from military service in Iraq and Afghanistan.

IMPACT IF SERVICES LOST:

Loss of funding would result in 2,697 individuals over the biennium not receiving treatment services.

094 NEW HAMPSHIRE HOSPITAL

CLIENT PROFILE: Children, adolescents, adults and elders with severe mental illness

	TOTAL GENERAL		Ave. Daily Census	Cost Per Case (Not Rounded) Total Funds
Rounded to \$000	FUNDS	FUNDS		
SFY10 Actual	\$61,029	\$41,504	199	\$306,678
SFY11 Adj Auth	\$66,425	\$45,114	205	\$324,024
SFY12 Maint Req	\$71,740	\$49,320	208	\$344,904
SFY13 Maint Req	\$72,492	\$49,824	210	\$345,200
SFY12 Governor	\$65,025	\$44,576	210	\$309,643
SFY13 Governor	\$61,221	\$41,657	210	\$291,529
SFY12 House	\$63,551	\$43,544	210	\$302,624
SFY13 House	\$63,642	\$42,594	210	\$303,057

094 TRANSITIONAL HOUSING

	TOTAL GENERAL			Cost Per Case (Not Rounded) Total Funds
Rounded to \$000	FUNDS	FUNDS	CASELOAD	
SFY10 Actual	\$6,450	\$5,447	39	\$165,385
SFY11 Adj Auth	\$6,944	\$5,748	40	\$173,600
SFY12 Maint Req	\$7,304	\$6,040	40	\$182,600
SFY13 Maint Req	\$7,370	\$6,097	40	\$184,250
SFY12 Governor			0	Closed
SFY13 Governor			0	7/1/2011
SFY12 House	\$3,968	\$3,020	n/a	Closed
SFY13 House			0	12/1/2011

091 GLENCLIFF HOME

CLIENT PROFILE Citizens who require Nursing Facility Level care that have a mental illness or developmental disability and have been denied/rejected from at least 2 other facilities.

Rounded to \$000		GENERAL		NET		CASELOAD (Billable Census)	Cost Per Case (Not Rounded) Total Funds
		TOTAL FUNDS	ADJ. AUTH, EXPENDED	GENERAL FUNDS REVENUE	GENERAL FUND EXPENSE		
SFY10	Actual	\$12,558	\$12,558	\$7,235	\$5,323	110	\$114,164
SFY11	Adj Auth	\$14,038	\$13,959	\$7,369	\$6,590	111	\$126,468
SFY12	Maint Req	\$15,169	\$15,159	\$7,707	\$7,452	112	\$135,438
SFY13	Maint Req	\$15,296	\$15,288	\$7,861	\$7,427	112	\$136,571
SFY12	Governor	\$14,186	\$14,177	\$8,368	\$5,809	118	\$120,220
SFY13	Governor	\$14,125	\$14,117	\$8,534	\$5,583	118	\$119,703
SFY12	House	\$14,186	\$14,177	\$8,368	\$5,809	118	\$120,220
SFY13	House	\$14,136	\$14,117	\$8,534	\$5,583	118	\$119,797

SERVICES PROVIDED Nursing Home Facility (NF) level of care to NH citizens who require 24 hr. care and have a mental illness and/or developmental disability, who cannot have their needs met in less restrictive settings.

IMPACT IF SERVICES LOST Residents would utilize more costly alternatives, such as Emergency Room Services or New Hampshire Hospital; to have their needs met.

095-6147 MEDICAL SERVICES FOR MH & SA

CLIENT PROFILE

Adults enrolled in Medicaid through the Aid to the Permanently and Totally Disabled (APTD) Mental Category. Current caseload 11,000.

APTD Mental Health						
	Prov Pmt	Prov Pmt	Drugs	Drugs		Cost Per Case (Not Rounded)
	Total Funds	Genl Funds	Total Funds	Genl Funds	Caseload	Total Funds
	Rounded to \$000					
SFY10 Actual	\$28,468	\$14,234	\$18,002	\$9,001	10,927	\$4,253
SFY11 Adj Auth	\$31,662	\$15,831	\$21,352	\$10,676	11,118	\$4,768
SFY12 Maint Req	\$33,427	\$16,713	\$19,767	\$9,884	11,543	\$4,608
SFY13 Maint Req	\$36,939	\$18,470	\$20,846	\$10,423	11,875	\$4,866
SFY12 Governor	\$30,854	\$13,483	\$19,582	\$9,791	11,285	\$4,469
SFY13 Governor	\$31,350	\$13,575	\$20,661	\$10,331	11,398	\$4,563
SFY12 House	\$30,098	\$7,765	\$19,582	\$8,831	11,285	\$4,402
SFY13 House	\$30,595	\$7,434	\$20,661	\$9,194	11,398	\$4,497

SERVICES PROVIDED

Mandate Patients Top Categories of Service

Fed	8,596	OUTPATIENT HOSPITAL GENERAL
Fed	1,611	INPATIENT HOSPITAL GENERAL
Fed	9,397	PHYSICIANS SERVICES
Fed	380	HOME HEALTH SERVICES
Fed	2,075	FQHC AND RHC
Fed	3,564	OTHER FED MANDATE
State	6	OTHER STATE MANDATE
Opt	4,817	OTHER OPTIONAL
Opt	2,071	FURNISHED MED SUP OR DME
Opt	326	MEDICAL SERVICES CLINIC
Opt	7,861	DISPENSE PRESCRIBED DRUGS
10,927		SFY 2010 Unique Count of Patients in Group

SERVICES PROVIDED

Below is a table of optional Medicaid State Plan services provided to adults. The list includes drugs, which are considered optional Medicaid Services by CMS, but are considered elementary to primary and preventative healthcare by NH Medicaid.

Category of Service Description	Comment on Current Utilization Controls
Drugs	Over-The-Counter (OTC) drug restrictions; dose optimization program requires a Prior Authorization (PA) for the two tablet dosage form, thus encouraging the prescriber to use an "optimized" dosage form; Maximum Allowable Cost (MAC): A program which sets a MAC price for over 4,000 drugs; preferred drug list
Durable Medical equipment and supplies	Prior Authorized, ability to reduce affected by mandatory Medicaid requirements to cover supplies used in home.
Private Duty Nursing	Requires prior authorization per He-W 540.
Personal Care Services	Requires care plan reviewed every 60 days per He-W 552.
Wheelchair van	Limited to 24 trips per year to medical related appointments per He-W 573.
Ambulance Services	Requires medical necessity (emergency)
Psychology	Service limited to 12 visits annually, ability to reduce may be affected by mental health parity requirements in Troubled Assets Relief Program (TARP)
Adult Medical Day Care	Currently requires presence of chronic illness and imminent danger of institutionalization.
Eyeglasses	Currently competitively procured, requires medical necessity. Eyeglass frames purchased under this agreement are guaranteed against breakage for two years from date of purchase.
Medical Services Clinic (Methadone Clinics)	Budget reduced per HB 2, 2009, Rates reduced by 33% in Step 2.

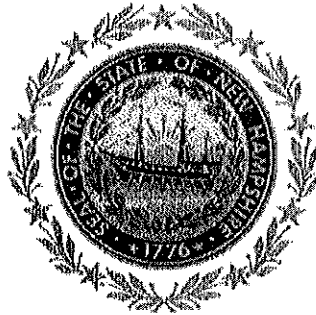
IMPACT IF SERVICES LOST

This eligibility category is subject to maintenance of effort requirement as found in the PPACA federal legislation as it relates to eligibility. Highest categories of service utilization for this population are physician services, outpatient hospital services and drugs. Medicaid optional benefits can be eliminated for this eligibility group however DHHS does not recommend elimination of pharmacy benefit.

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Department of Health and Human Services

**Budget Summary
State Fiscal Years Ending June 30, 2010 to 2013
Senate Finance Discussion Document**



Prepared April 5, 2011

DEVELOPMENTALLY DISABLED

	A	B	C	D	E	F	G
1			Department of Health and Human Services				
2			Budget Adjustments Made During Governor & House Phases				
3			As of March 22, 2011				
4			Figures are General Funds Rounded to \$000				
5	Div	Client	Initiative	SFY12		SFY13	
6				Governor	House	Governor	House
7							
8			Developmentally Disabled				
9			Community Support Services				
10	BDS	DD	Eliminate funding for DD Wait List	(\$4,431)		(\$11,110)	
11	BDS	DD	Eliminate funding for ABD Wait List	(\$480)		(\$1,304)	
12	BDS	DD	Reduce funding for Family Support Services Medicaid & Non-Medicaid	(\$174)	(\$3,959)	(\$1,107)	(\$3,962)
13	BDS	DD	Eliminate all Non-Waiver Targeted Case Management		(\$1,911)		(\$1,881)
14	BDS	DD	Reduce funding Independent Living Supports (CSS)		(\$1,273)		(\$1,254)
15	BDS	DD	Reduce Waiver Day Services by 22%		(\$2,820)		(\$2,970)
16							
17			Miscellaneous				
18	BDS	DD	Medically Frail Kid's Waiver - Program Start up	(\$200)		(\$200)	
19	BDS	DD	IHS Wait List (Change Budget Item)	(\$501)		(\$1,074)	
20	BDS	DD	IHS Waitlist	\$0		\$501	
21	BDS	DD	In Home Support Waiver - Current services reductions	(\$562)		(\$435)	
22	BDS	DD	SMS Contract Reductions- 95% of 2011	(\$34)		(\$34)	
23							
24			Cash Assistance				
25	DFA	DD	Aligning of APTD and SSI	(\$3,550)		(\$3,622)	
26	DFA	DD	Deem parental income - ANB	(\$583)		(\$612)	
27	DFA	DD	Reduction to State Supp grant when live w/family- ANB & APTD	(\$556)		(\$556)	
28	DFA	DD	Change grant to prospective vs. retrospective for ANB & APTD	(\$669)		(\$669)	
29			Total Developmentally Disabled Reductions	(\$11,741)	(\$9,963)	(\$20,221)	(\$10,067)

093-7100 DEVELOPMENTAL SERVICES

CLIENT PROFILE

Individuals with developmental disabilities who have been determined eligible for NH Medicaid meeting both financial and medical criteria, as well RSA 171:A, He-M 503, and require services at the ICF/MR (Intermediate Care Facility for the Mentally Retarded) Level of Care.

Rounded to \$000		TOTAL FUNDS	GENERAL FUNDS	CASELOAD	Cost Per Case (Not Rounded) Total Funds
SFY10	Actual	\$167,682	\$66,160	3,964	\$42,765
SFY11	Adj Auth	\$191,007	\$77,589	4,308	\$44,808
SFY12	Maint Req	\$212,742	\$106,371	4,545	\$46,831
SFY13	Maint Req	\$226,594	\$113,297	4,755	\$47,409
SFY12	Governor	\$194,504	\$97,252	4,153	\$46,831
SFY13	Governor	\$190,787	\$95,393	4,074	\$46,831
SFY12	House	\$179,779	\$89,897	3,839	\$46,831
SFY13	House	\$175,969	\$87,992	3,758	\$46,831

SERVICES PROVIDED

The developmental disability (DD) waiver serves those individuals who qualify under RSA 171:A and He-M 503, are both financially and medically eligible for NH Medicaid and meet the federal ICF/MR level of care. The waiver provides services and supports for the health, safety and welfare of eligible individuals.

Personal Care Services/Residential Services: Those individuals within the Developmental Services system with the most profound needs receive Personal Care/Residential Services. Personal Care Services typically involves 24-hour supports, supervision, and assistance with eating, bathing, dressing, personal hygiene, activities of daily living or other activities essential to the health and welfare. This level of service is provided to individuals with medical, behavioral and/or psychiatric needs and without such supports would pose a high-risk to their own safety. Those who receive Personal Care Services often require Day Services as an integral part of their overall supports and supervision.

Day Services: direct assistance and instruction to learn, improve, or maintain safety skills at home and in the community, basic living skills; personal decision-making; and social skills. Day Services are often crucial to allowing the individual's care-giving family to maintain employment.

The DD waiver also provides a number of support services such as Community Support, for those who are building and maintaining independent living skills; Environmental or Vehicle Modifications, which are typically lower cost and lower frequency services that allow individuals to remain in their home and community.

IMPACT IF SERVICES LOST

Approximately eighty percent (80%) of those provided services under the DD waiver cannot be safe if left alone and are highly vulnerable; these individuals will require services at an institutional level if waiver services are no longer available. A number of those who are currently served by DD waiver continue to live at home with their care giving families. Without the provision of vital waiver services, those families will reduce work hours, leave the work force entirely to be able care for their disabled family member, or in the most dire situations, stop caring for their adult family member shifting the full burden to the State. A number of families will seek ICF/MR services, residential services under the waiver, or services from nursing facilities for which their family member will be eligible.

Under NH's HCBS waiver agreements with the Centers for Medicare and Medicaid, it is unclear if services previously determined to be necessary to protect the health and welfare of individuals can be reduced without jeopardizing ongoing waiver services and federal funding. At a minimum, the State has assured CMS that an opportunity to request a Fair Hearing under 42 CFR Part 431, Subpart E will be provided to all individuals: (a) who are not given the choice of home and community-based services as an alternative to the institutional care (b) are denied the service(s) of their choice or the provider(s) of their choice; or, (c) whose services are denied, suspended, reduced or terminated. If individuals/families losing services files appeals, which is extremely likely, projected savings cannot be achieved during the first year of the biennium.

093-7016 ACQUIRED BRAIN DISORDER SERVICES

CLIENT PROFILE

Individuals with an acquired brain disorder sustained after the age of 22 who are eligible for NH Medicaid, RSA 137-K:3, He-M 522, and meet the Skilled Nursing Facility Level of Care.

Rounded to \$000		TOTAL FUNDS	GENERAL FUNDS	CASELOAD	Cost Per Case (Not Rounded) Total Funds
SFY10	Actual	\$17,435	\$6,750	190	\$91,766
SFY11	Adj Auth	\$21,522	\$8,379	220	\$97,826
SFY12	Maint Req	\$24,518	\$12,424	235	\$104,333
SFY13	Maint Req	\$26,479	\$13,407	250	\$105,915
SFY12	Governor	\$22,455	\$11,393	215	\$104,333
SFY13	Governor	\$22,399	\$11,369	215	\$104,333
SFY12	House	\$20,431	\$10,557	196	\$104,333
SFY13	House	\$20,328	\$10,513	195	\$104,333

SERVICES PROVIDED

The Acquired Brain Disorder Waiver (ABD) serves those individuals who qualify under RSA 137-K and He-M 522 who are financially and medically eligible for NH Medicaid and require the level of care provided in a Skilled Nursing Facility. The waiver provides services and supports for the health safety and welfare of eligible individuals.

Personal Care Services/Residential Services: As with the DD waiver, those individuals who are ABD waiver eligible with the most profound needs receive Personal Care/Residential Services. Personal Care Services involves 24-hour supports, supervision, and assistance with eating, bathing, dressing, personal hygiene, activities of daily living or other activities essential to the health and welfare. This level of service is provided to individuals with medical, behavioral and/or psychiatric needs and without such supports would pose a high-risk to their own safety. Those who receive Personal Care Services often require Day Services as an integral part of their overall supports and supervision.

Day Services: direct assistance and instruction to learn, improve, or maintain safety skills at home and in the community, basic living skills; personal decision-making; and social skills. Day Services are often crucial to allowing the individual's care-giving family to maintain employment.

The ABD waiver also provides a number of support services such as Community Support, for those who are building independent living skills; Environmental or Vehicle Modifications, which allow individuals to remain in their home and community; as well as Service Coordination.

IMPACT IF SERVICES LOST

Some individuals will remain in Skilled Nursing Facilities at higher cost if waiver services are unavailable to them and those who are currently receiving waiver services would likely return to institutional settings if waiver services were no longer available. As indicated above with

the DD waiver, under NH's HCBS waiver agreements with the Centers for Medicare and Medicaid, it is unclear if services previously determined to be necessary to protect the health and welfare of individuals can be reduced without jeopardizing ongoing waiver services and federal funding. At a minimum, the State has assured CMS that an opportunity to request a Fair Hearing under 42 CFR Part 431, Subpart E will be provided to all individuals: (a) who are not given the choice of home and community-based services as an alternative to the institutional care (b) are denied the service(s) of their choice or the provider(s) of their choice; or, (c) whose services are denied, suspended, reduced or terminated. If individuals/families losing services files appeals, which is extremely likely, projected savings cannot be achieved during the first year of the biennium.

093-7110 CHILDREN (IHS)**CLIENT PROFILE**

Children with severe medical and or behavioral disabilities who are eligible under NH Medicaid, RSA 171:A, He-M 524, and ICR/MR (Intermediate Care Facility for the Mentally Retarded) Level of Care.

Rounded to \$000		TOTAL FUNDS	GENERAL FUNDS	CASELOAD	Cost Per Case (Not Rounded) Total Funds
SFY10	Actual	\$5,270	\$2,159	225	\$23,422
SFY11	Adj Auth	\$6,394	\$2,583	271	\$23,594
SFY12	Maint Req	\$6,709	\$3,353	316	\$21,231
SFY13	Maint Req	\$7,784	\$3,891	366	\$21,268
SFY12	Governor	\$5,269	\$2,633	224	\$23,522
SFY13	Governor	\$5,524	\$2,760	235	\$23,506
SFY12	House	\$5,266	\$2,633	223	\$23,594
SFY13	House	\$5,520	\$2,760	233	\$23,594

SERVICES PROVIDED

The In Home Support (IHS) waiver for Children with Developmental Disabilities provides Personal Care Services and assistance for children with the most significant medical and behavioral challenges requiring long-term supports and services, who live at home with their families and qualify for services under RSA 171:A, He-M 503, and He-M 524, are Medicaid eligible, and meet the ICF/MR level of care. The goal of the IHS waiver is to provide those services which are necessary to allow the individual to remain at home with his/her care-giving family and achieve as much independence as possible through acquisition of life skills.

IMPACT IF SERVICES LOST

If IHS Waiver services are ended for these children/families, it is likely that most or all will turn to State Plan LNA Services for the provision of care which will be provided at a higher overall cost to the State. In some cases, loss or reduction of employment for parents in the absence of In Home Support Services is likely as a working parent may be forced to leave employment to care for their disabled child. Additionally, unless eligibility is changed under He-M 524, all individuals will remain eligible under current regulations and some individuals/families will appeal this action which results in keeping services at the original level at least until the appeal is heard, resulting in no savings.

As with the DD and ABD waivers as noted above, NH's IHS waiver agreement with the Centers for Medicare and Medicaid is unclear if services previously determined to be necessary to protect the health and welfare of individuals can be reduced without jeopardizing ongoing waiver services and overall federal funding of all waiver services. At a minimum, the State has assured CMS that an opportunity to request a Fair Hearing under 42 CFR Part 431, Subpart E will be provided to all individuals: (a) who are not given the choice of home and community-based services as an alternative to the institutional care (b) are denied the service(s) of their choice or the provider(s) of their choice; or, (c) whose services are denied, suspended, reduced or terminated. If individuals/families losing services file appeals, which is extremely likely, projected savings cannot be achieved during the first year of the biennium.

093-7014 EARLY INTERVENTION

CLIENT PROFILE

Children, birth until age three, with developmental delays.

Rounded to \$000		TOTAL FUNDS	GENERAL FUNDS	CASELO AD	Cost Per Case (Not Rounded) Total Funds
SFY10	Actual	\$9,034	\$4,517	3,722	\$2,427
SFY11	Adj Auth	\$9,201	\$4,363	3,835	\$2,399
SFY12	Maint Req	\$9,964	\$5,419	4,085	\$2,439
SFY13	Maint Req	\$10,425	\$5,658	4,248	\$2,454
SFY12	Governor	\$9,485	\$5,179	3,865	\$2,454
SFY13	Governor	\$9,800	\$5,345	3,993	\$2,454
SFY12	House	\$9,480	\$5,179	3,863	\$2,454
SFY13	House	\$9,794	\$5,345	3,991	\$2,454

SERVICES PROVIDED

Services are provided to infants and toddlers (birth until age three) with or at risk for developmental delay, experiencing delays of 33% or more in one or more areas of development. Services include identification, assessment, evaluation, and on going treatment, typically, speech, occupational, physical therapy as well developmental education.

IMPACT IF SERVICES LOST

Children who receive early supports and services are less likely to need pre-school, elementary or secondary educational and social supports. Children who do not receive timely early intervention services will ultimately require more costly and long-term supports and services. Early childhood intervention programs have been shown to yield benefits in academic achievement, improving behavioral issues, educational achievement, prevention of delinquency and crime, and labor market success, among other domains.

NOTE: A reduction in the general funding to the Early Intervention Program (Org 7014) would jeopardize the federal Part C (Org 7852) funding due to Maintenance of Effort Requirement.

093-7013 FAMILY SUPPORT SERVICES

CLIENT PROFILE

Individuals and families eligible for the developmental services system.

Rounded to \$000		TOTAL FUNDS	GENERAL FUNDS	CASELOAD	Cost Per Case (Not Rounded) Total Funds
SFY10	Actual	\$2,703	\$2,703	1,519	\$1,779
SFY11	Adj Auth	\$2,616	\$2,616	1,470	\$1,779
SFY12	Maint Req	\$3,736	\$3,736	2,100	\$1,779
SFY13	Maint Req	\$4,769	\$4,769	2,681	\$1,779
SFY12	Governor	\$3,545	\$3,545	1,993	\$1,779
SFY13	Governor	\$3,621	\$3,621	2,035	\$1,779
SFY12	House	\$1,772	\$1,772	996	\$1,779
SFY13	House	\$1,810	\$1,810	1,017	\$1,779

SERVICES PROVIDED

Non-Medicaid Family Support provides those services/supports that are not covered by Medicaid. These low cost, low frequency supports are effective in enabling children and adults with disabilities to continue to live with their families and therefore reduce, postpone, or eliminate the need for more costly, long-term services.

IMPACT IF SERVICES LOST

A reduction in Family Support funding will have a direct impact on the ability of families to manage the needs of their children/adult children. It is anticipated that reductions in the Family Support Program will increase or exacerbate family crises and increased demand for services under the Developmental Disabilities Waiver will rise accordingly. The FS reduction could also negatively impact the ability of some parents to maintain employment. In the most dire situations, families will demand residential placement in either the community or facility-based settings including waiver, ICF/MR, or nursing facilities for which individuals are eligible.

093-5191 SPECIAL MEDICAL SERVICES

CLIENT PROFILE

Children, 0 to 21, with complex medical needs and disabilities statewide, eligibility is defined at RSA 132, and He-M 250.

Rounded to \$000		TOTAL FUNDS	GENERAL FUNDS	CASELOAD	Cost Per Case (Not Rounded) Total Funds
SFY10	Actual	\$3,188	\$1,807	2,551	\$1,250
SFY11	Adj Auth	\$3,742	\$2,025	2,555	\$1,250
SFY12	Maint Req	\$3,853	\$2,676	3,082	\$1,250
SFY13	Maint Req	\$3,932	\$2,730	3,146	\$1,250
SFY12	Governor	\$3,640	\$2,517	2,912	\$1,250
SFY13	Governor	\$3,700	\$2,554	2,960	\$1,250
SFY12	House	\$3,626	\$2,507	2,901	\$1,250
SFY13	House	\$3,683	\$2,542	2,946	\$1,250

SERVICES PROVIDED

Special Medical Services provides funding for specialty clinics, information and referral, outreach, clinical consultation, care coordination, family support and education, as well as financial assistance for eligible individuals. Special Medical Services (SMS) is the designated Title V Agency for Children with Special Health Care Needs in New Hampshire. The program has been in existence since it was established by the Social Security Act of 1965. At this time, New Hampshire ranks ninth highest in the nation for the prevalence of children age 0-17 with special health care needs, at 16.6%. The national average is 13.9%.

IMPACT IF SERVICES LOST

A reduction would result in a cap for financial assistance for health related needs reducing SMS' capacity to respond to emerging needs. A 2006 SMS survey showed that families of CSHCN have extensive out of pocket (OOP) costs related to their child's disability/health care needs: those with an annual household income of less than \$20,000 had an average of \$8,500 in annual OOP medical costs per family.

093-7852 INFANT - TODDLER PROGRAM PT-C**CLIENT PROFILE**

Children, birth until age three, with developmental delays.

Rounded to \$000		TOTAL FUNDS	GENERAL FUNDS	CASELOAD	Cost Per Case (Not Rounded) Total Funds
SFY10	Actual	\$2,095	\$0	3,722	\$563
SFY11	Adj Auth	\$2,916	\$0	3,835	\$760
SFY12	Maint Req	\$2,961	\$0	4,085	\$725
SFY13	Maint Req	\$2,966	\$0	4,248	\$698
SFY12	Governor	\$2,961	\$0	3,865	\$766
SFY13	Governor	\$2,961	\$0	3,993	\$742
SFY12	House	\$2,957	\$0	3,993	\$742
SFY13	House	\$2,961	\$0	3,993	\$742

SERVICES PROVIDED

Services are provided to infants and toddlers ((birth until age three) with or at risk for developmental delay, experiencing delays of 33% or more in one or more areas of development. Services include identification, assessment, evaluation, and on going treatment, typically, speech, occupational, physical therapy as well developmental education.

IMPACT IF SERVICES LOST

Children who receive early supports and services are less likely to need pre-school, elementary or secondary educational and social supports. Children who do not receive timely early intervention services will ultimately require more costly and long-term supports and services. Early childhood intervention programs have been shown to yield benefits in academic achievement, improving behavioral issues, educational achievement, prevention of delinquency and crime, and labor market success, among other domains.

NOTE: A reduction in the general funding to the Early Intervention Program (Org 7014) would jeopardize the federal Part C (Org 7852) funding due to Maintenance of Effort Requirement.

093-7858 SOCIAL SERVICES BLOCK GRANT DD**CLIENT PROFILE**

Families with children with chronic health conditions and individuals with acquired brain disorders.

Rounded to \$000		TOTAL FUNDS	GENERAL FUNDS	CASELOAD	Cost Per Case (Not Rounded) Total Funds
SFY10	Actual	\$1,052	\$0	2,447	\$430
SFY11	Adj Auth	\$1,042	\$0	2,423	\$430
SFY12	Maint Req	\$1,030	\$0	2,395	\$430
SFY13	Maint Req	\$1,053	\$0	2,449	\$430
SFY12	Governor	\$1,030	\$0	2,395	\$430
SFY13	Governor	\$1,053	\$0	2,449	\$430
SFY12	House	\$1,026	\$0	2,395	\$430
SFY13	House	\$1,049	\$0	2,423	\$430

SERVICES PROVIDED

Assessment of the family needs and referral to appropriate public and private services available in the community. Service Coordination to organize, facilitate, and document service planning and to negotiate and monitor the provision of services. Respite, which is the provision of short-term care for an individual intended to provide temporary relief and support to the family.

IMPACT IF SERVICES LOST

Individuals and families may seek additional and higher cost state funded services.

093-7172 MEDICAID TO SCHOOLS

CLIENT PROFILE

Children, who are NH Medicaid eligible, have an Individualized Educational Plan that includes Medicaid eligible medical (not educational) services.

Rounded to \$000		TOTAL FUNDS	GENERAL FUNDS	CASELOAD	Cost Per Case (Not Rounded) Total Funds
SFY10	Actual	\$24,690	\$0	\$6,603	\$3,739
SFY11	Adj Auth	\$23,023	\$0	\$6,375	\$3,611
SFY12	Maint Req	\$23,023	\$0	\$6,375	\$3,611
SFY13	Maint Req	\$23,023	\$0	\$6,380	\$3,609
SFY12	Governor	\$23,023	\$0	\$6,375	\$3,611
SFY13	Governor	\$23,023	\$0	\$6,380	\$3,609
SFY12	House	\$23,023	\$0	\$6,380	\$3,609
SFY13	House	\$23,023	\$0	\$6,380	\$3,609

SERVICES PROVIDED

This program allows enrolled schools districts, all NH school districts are enrolled Medicaid providers, to collect either half of their cost or half of the established rate, whichever is lower, as reimbursement for medical services provided at or during the school day. Services include speech, occupational, or physical therapy, etc.

IMPACT IF SERVICES LOST

While there would be no impact to State General Funds, as all match for this program is provided by the local school districts, schools, and towns, would experience a significant reduction in revenues.

093-5050 TWWIIA

CLIENT PROFILE

NA

Rounded to \$000		TOTAL FUNDS	GENERAL FUNDS
SFY10	Actual	\$1,661	\$0
SFY11	Adj Auth	\$2,406	\$0
SFY12	Maint Req	\$3,198	\$0
SFY13	Maint Req	\$3,196	\$0
SFY12	Governor	\$3,198	\$0
SFY13	Governor	\$3,196	\$0
SFY12	House	\$3,196	\$0
SFY13	House	\$3,196	\$0

SERVICES PROVIDED

This funding is part of a Medicaid Infrastructure Grant (MIG) which serves to improve systems and services that will increase the number of individuals with disabilities of all types who are able to secure and maintain employment. Federal funding of this grant will end as of SFY 13.

045-6171 ANB GRANTS**CLIENT PROFILE**

Cash Assistance to residents of any age that are legally blind. Eligibility for this category of assistance depends upon income, resources and living arrangement. Individuals determined eligible for cash assistance are also automatically eligible for Medicaid.

Rounded to \$000		TOTAL FUNDS	GENERAL FUNDS	CASELOAD	Cost Per Case (Not Rounded) Total Funds
SFY10	Actual	\$1,107	\$1,107	\$247	\$4,483
SFY11	Adj Auth	\$1,091	\$1,091	\$231	\$4,725
SFY12	Maint Req	\$1,096	\$1,096	\$250	\$4,383
SFY13	Maint Req	\$1,096	\$1,096	\$250	\$4,383
SFY12	Governor	\$433	\$433	\$173	\$2,500
SFY13	Governor	\$404	\$404	\$173	\$2,332
SFY12	House	\$433	\$433	\$173	\$2,500
SFY13	House	\$404	\$404	\$173	\$2,332

SERVICES PROVIDED

Cash Assistance

IMPACT IF SERVICES LOST

Four impacts are potential. 1) The ANB cash program is mandated by the Social Security Act, and elimination would result in 100% loss of all Medicaid federal funding. 2) Costs would be downshifted to municipal cities and towns. Statute requires cities and towns to provide basic assistance; 3) To the extent that towns are relieved of their statutory burden, churches and charities are the remaining safety nets. 4) A reduction to the safety net would mean significant financial deprivation for basic living expenses (rent, clothing, etc) for New Hampshire low-income families with children

045-6174 APTD GRANTS

CLIENT PROFILE

This category of cash assistance is available to residents between the ages of 18 and 64 who are determined to be physically or mentally disabled to the extent that the individual cannot engage in a substantial gainful activity and is expected to last for a continuous period of not less than 48 months or which is likely to result in death.

Rounded to \$000		TOTAL FUNDS	GENERAL FUNDS	CASELOAD	Cost Per Case (Not Rounded) Total Funds
SFY10	Actual	\$20,788	\$20,619	\$8,151	\$2,550
SFY11	Adj Auth	\$16,897	\$16,797	\$7,422	\$2,277
SFY12	Maint Req	\$22,456	\$22,356	\$8,976	\$2,502
SFY13	Maint Req	\$22,906	\$22,806	\$9,156	\$2,502
SFY12	Governor	\$16,804	\$16,704	\$8,250	\$2,037
SFY13	Governor	\$17,285	\$17,185	\$8,462	\$2,043
SFY12	House	\$16,804	\$16,704	\$8,250	\$2,037
SFY13	House	\$17,285	\$17,185	\$8,462	\$2,043

SERVICES PROVIDED

Cash Assistance

IMPACT IF SERVICES LOST

Four impacts are potential:

- 1) The APTD cash program is mandated by the Social Security Act, and elimination would result in 100% loss of all Medicaid federal funding;
- 2) Costs would be downshifted to municipal cities and towns. Statute requires cities and towns to provide basic assistance;
- 3) To the extent that towns are relieved of their statutory burden, churches and charities are the remaining safety nets;
- 4) A reduction to the safety net would mean significant financial deprivation for basic living expenses (rent, clothing, etc) for New Hampshire low-income families with children.

095-6147 MEDICAL SERVICES FOR DD

CLIENT PROFILE

The MEAD program is for medically impaired individuals who meet the eligibility criteria for the Aid to Permanently and Totally Disabled (APTD) or the Aid to the Needy Blind (ANB). Allows individual to work and earn income without losing Medicaid eligibility. Other requirements include 18-64 years of age, must be employed, net income cannot exceed 450% of FPL. If the recipient has access to private employer health insurance at no cost, they must enroll in that insurance plan. Many MEAD recipients also have Medicare. As a condition of eligibility for MEAD, recipients shall pay a monthly premium. Premiums are based on the lowest amount in each FPL category times 7.5%. For example, monthly salary in range of \$1,354 - \$1,805 pays $\$1,354 \times 7.5\% = \102 , less any other medical premiums that are paid for, including, self, spouse, and children. Current caseload 2,400.

MEAD						
	Prov Pmt	Prov Pmt	Drugs	Drugs		Cost Per Case (Not Rounded) Total Funds
	Total Funds	Genl Funds	Total Funds	Genl Funds	Caseload	
	Rounded to \$000					
SFY10 Actual	\$4,495	\$2,247	\$1,499	\$750	2,374	\$2,525
SFY11 Adj Auth	\$4,995	\$2,498	\$1,778	\$889	2,416	\$2,803
SFY12 Maint Req	\$5,262	\$2,631	\$1,646	\$823	2,508	\$2,754
SFY13 Maint Req	\$5,810	\$2,905	\$1,736	\$868	2,580	\$2,925
SFY12 Governor	\$4,864	\$2,125	\$1,631	\$815	2,452	\$2,649
SFY13 Governor	\$4,945	\$2,141	\$1,721	\$860	2,476	\$2,692
SFY12 House	\$4,740	\$1,223	\$1,631	\$735	2,452	\$2,598
SFY13 House	\$4,821	\$1,171	\$1,721	\$766	2,476	\$2,642

SERVICES PROVIDED

Mandate	Patients	Top Categories of Service
Fed	1,766	OUTPATIENT HOSPITAL GENERAL
Fed	1,995	PHYSICIANS SERVICES
Fed	245	INPATIENT HOSPITAL GENERAL
Fed	815	OTHER FED MANDATE
State	16	PERSONAL CARE
Opt	1,231	DISPENSE PRESCRIBED DRUGS
Opt	539	MEDICAL SUPPLIES AND DME
Opt	870	OTHER OPTIONAL
	2,374	SFY 2010 Unique Count of Patients in Group

SERVICES PROVIDED

Below is a table of optional Medicaid State Plan services provided. The list includes drugs, which are considered optional Medicaid Services by CMS, but are considered elementary to primary and preventive healthcare by NH Medicaid.

Category of Service Description	Comment on Current Utilization Controls
Drugs	Over-The-Counter (OTC) drug restrictions; dose optimization program requires a Prior Authorization (PA) for the two tablet dosage form, thus encouraging the prescriber to use an "optimized" dosage form; Maximum Allowable Cost (MAC): A program which sets a MAC price for over 4,000 drugs; preferred drug list
Durable Medical equipment and supplies	Prior Authorized, ability to reduce affected by mandatory Medicaid requirements to cover supplies used in home.
Private Duty Nursing	Requires prior authorization per He-W 540.
Personal Care Services	Requires care plan reviewed every 60 days per He-W 552.
Wheelchair van	Limited to 24 trips per year to medical related appointments per He-W 573.
Ambulance Services	Requires medical necessity (emergency)
Psychology	Service limited to 12 visits annually, ability to reduce may be affected by mental health parity requirements in Troubled Assets Relief Program (TARP)
Adult Medical Day Care	Currently requires presence of chronic illness and imminent danger of institutionalization.
Eyeglasses	Currently competitively procured, requires medical necessity. Eyeglass frames purchased under this agreement are guaranteed against breakage for two years from date of purchase.
Medical Services Clinic (Methadone Clinics)	Budget reduced per HB 2, 2009, Rates reduced by 33% in Step 2.

IMPACT IF SERVICES LOST

This eligibility category is subject to maintenance of effort requirement as found in the PPACA federal legislation as it relates to eligibility. Highest categories of service utilization for this population are physician services, outpatient hospital services, and drugs. Medicaid optional benefits can be eliminated for this eligibility group however DHHS does not recommend elimination of pharmacy benefit.

CLIENT PROFILE

Adults enrolled in Medicaid through the Aid to the Permanently and Totally Disabled (APTD)
Physical Category. Current caseload 8,500

APTD Physical						
	Prov Pmt	Prov Pmt	Drugs	Drugs		Cost Per Case (Not Rounded) Total Funds
	Total Funds	Genl Funds	Total Funds	Genl Funds	Caseload	
	Rounded to \$000					
SFY10 Actual	\$50,810	\$25,405	\$18,440	\$9,220	8,461	\$8,185
SFY11 Adj Auth	\$56,658	\$28,329	\$21,871	\$10,936	8,609	\$9,122
SFY12 Maint Req	\$60,246	\$30,123	\$20,248	\$10,124	8,938	\$9,006
SFY13 Maint Req	\$66,749	\$33,374	\$21,353	\$10,677	9,195	\$9,582
SFY12 Governor	\$55,371	\$24,197	\$20,058	\$10,029	8,738	\$8,632
SFY13 Governor	\$56,151	\$24,313	\$21,164	\$10,582	8,826	\$8,760
SFY12 House	\$54,188	\$13,981	\$20,058	\$9,046	8,738	\$8,497
SFY13 House	\$54,969	\$13,357	\$21,164	\$9,418	8,826	\$8,626

SERVICES PROVIDED

Mandate	Patients	Top Categories of Service
Fed	6,757	OUTPATIENT HOSPITAL GENERAL
Fed	1,947	INPATIENT HOSPITAL GENERAL
Fed	7,396	PHYSICIANS SERVICES
Fed	677	HOME HEALTH SERVICES
Fed	2,654	OTHER FED MANDATE
Fed	1,535	FQHC AND RHC
State	50	PERSONAL CARE
State	3	OTHER STATE MANDATE
Opt	2,631	MEDICAL SUPPLIES AND DME
Opt	3,715	OTHER OPTIONAL
Opt	26	PRIVATE DUTY NURSING
Opt	5,733	DISPENSE PRESCRIBED DRUGS
	8,461	SFY 2010 Unique Count of Patients in Group

SERVICES PROVIDED

Below is a table of optional Medicaid State Plan services provided. The list includes drugs, which are considered optional Medicaid Services by CMS, but are considered elementary to primary and preventive healthcare by NH Medicaid.

Category of Service Description	Comment on Current Utilization Controls
Drugs	Over-The-Counter (OTC) drug restrictions; dose optimization program requires a Prior Authorization (PA) for the two tablet dosage form, thus encouraging the prescriber to use an "optimized" dosage form; Maximum Allowable Cost (MAC): A program which sets a MAC price for over 4,000 drugs; preferred drug list
Durable Medical equipment and supplies	Prior Authorized, ability to reduce affected by mandatory Medicaid requirements to cover supplies used in home.
Private Duty Nursing	Requires prior authorization per He-W 540.
Personal Care Services	Requires care plan reviewed every 60 days per He-W 552.
Wheelchair van	Limited to 24 trips per year to medical related appointments per He-W 573.
Ambulance Services	Requires medical necessity (emergency)
Psychology	Service limited to 12 visits annually, ability to reduce may be affected by mental health parity requirements in Troubled Assets Relief Program (TARP)
Adult Medical Day Care	Currently requires presence of chronic illness and imminent danger of institutionalization.
Eyeglasses	Currently competitively procured, requires medical necessity. Eyeglass frames purchased under this agreement are guaranteed against breakage for two years from date of purchase.
Medical Services Clinic (Methadone Clinics)	Budget reduced per HB 2, 2009, Rates reduced by 33% in Step 2.

IMPACT IF SERVICES LOST

This eligibility category is subject to maintenance of effort requirement as found in the PPACA federal legislation as it relates to eligibility. Highest categories of service utilization for this population are physician services, outpatient hospital services, and drugs. Medicaid optional benefits can be eliminated for this eligibility group however DHHS does not recommend elimination of pharmacy benefit.

Department of Health and Human Services
Budget Summary
State Fiscal Years Ending June 30, 2010 to 2013
Senate Finance Discussion Document



Prepared April 5, 2011

ELDERLY

	A	C	D	F	H	J
1	Department of Health and Human Services					
2	Budget Adjustments Made During Governor & House Phases					
3	As of March 22, 2011					
4	Figures are General Funds Rounded to \$000					
5	Div	Initiative	SFY12		SFY13	
6			Genl Funds	Genl Funds	Genl Funds	Genl Funds
7			Governor	House	Governor	House
8						
9		Elderly				
10		Services				
11	BEAS	MQIP 100% (State Retains 25%)	(\$8,438)		(\$8,606)	
12	BEAS	Raise county cap by 2% in line with inflation				(\$2,000)
13	BEAS	Raise county credit to offset MQIP increase In Governor's budget		\$2,498		\$2,547
14	BEAS	Reversal of Change Item to fully fund nursing facility and home health rates	(\$41,735)		(\$42,791)	
15	BEAS	Discontinue Case Management to Mid-Level Care	(\$514)		(\$575)	
16	BEAS	Redefine/clarify Rule for Personal Care Services & Homemaker Services	(\$839)		(\$1,520)	
17	BEAS	Require Single Dose Medication for H.H.RN Visits	(\$853)		(\$879)	
18	BEAS	Eliminate Catastrophic Illness Program	(\$250)		(\$260)	
19	BEAS	Freezes funding N. H. Foster Grandparents Program	(\$1)	(\$54)	(\$2)	(\$52)
20	BEAS	Freeze funding Retired Senior Volunteer Program	(\$2)	(\$73)	(\$3)	(\$73)
21	BEAS	Freeze State Funding of Service Link Program	(\$41)	(\$641)	(\$55)	(\$641)
22	BEAS	Freeze funding ADRD & Caregiver Program	(\$3)	(\$321)	(\$9)	(\$321)
23	BEAS	Freeze funding Congregate Housing Supports	(\$14)	(\$737)	(\$29)	(\$737)
24	BEAS	Rate Reduction-Contracted Services	(\$808)		(\$1,397)	
25						
26		Cash Assistance				
27	DFA	Reduction to State OAA grant when live w/family	(\$75)		(\$75)	
28	DFA	Change OAA grant to prospective vs. retrospective	(\$90)		(\$90)	
29		Total Elderly Reductions	(\$53,662)	\$672	(\$56,291)	(\$1,277)

048-6173 & 5942 NURSING SERVICES-NURSING FACILITY (504)

CLIENT PROFILE

Nursing Facility Services are provided to individuals of all ages who meet clinical and financial eligibility guidelines in RSA 151-E:3.

Rounded \$000		TOTAL GENERAL			Cost Per Case (Not Rounded)
		FUNDS	FUNDS	CASELOAD	Total Funds
SFY10	Actual	\$182,714	\$9,696	4,357	\$41,936
SFY11	Adj Auth	\$173,748	\$10,678	4,378	\$39,678
SFY12	Maint Req	\$182,435	\$38,012	4,400	\$41,463
SFY13	Maint Req	\$186,084	\$45,499	4,422	\$42,081
SFY12	Governor	\$182,435	\$31,355	4,400	\$41,463
SFY13	Governor	\$186,084	\$37,764	4,422	\$42,081
SFY12	House	\$182,435	\$31,355	4,400	\$41,463
SFY13	House	\$186,084	\$37,764	4,422	\$42,081

SERVICES PROVIDED

Age 1-17: Nursing facility services provided to children with severe disabilities:

- ♦ Temporary Assistance to Needy Families (TANF).
- ♦ Aid to the Needy Blind (ANB)

Age 18-64: Nursing facility services are provided to individuals who meet the clinical and financial eligibility guidelines in RSA 151-E:3:

- ♦ Aid to the Needy Blind (ANB),
- ♦ Aid to the Permanently and Totally Disabled (APTD) or
- ♦ Temporary Assistance to Needy Families (TANF)

Age 65 and Over: Nursing facility services are provided to individuals who meet the clinical and financial eligibility guidelines in RSA 151-E:3:

- ♦ Aid to the Needy Blind (ANB),
- ♦ Temporary Assistance to Needy Families (TANF) or
- ♦ Old Age Assistance

IMPACT IF SERVICES LOST

If nursing facility services are eliminated:

1. Department of Health and Human Services would be out of compliance with CMS regulation 42 CFR Part 440, which requires coverage of nursing facility services by every Medicaid Program.
2. Department of Health and Human Services would lose the 50% federal matching funds for services provided to seniors and adults with disabilities who require nursing facility level of care.
3. The loss would have a detrimental impact on the financial viability of these providers as they are funded primarily by the Medicaid Program.
4. Significant disruption would be experienced by frail nursing facility clients and their families, who would be forced to endure transition to another facility or entity.
5. Numerous jobs would be lost due to nursing facilities closing, which would have a negative impact on local economy.
6. There would be increased dependence on local communities, which may not have the resources, to assist individuals in need.

048-6173 & 5942 HOME & COMMUNITY BASED SERVICES (506 & 529)

CLIENT PROFILE

Home and Community Based Services are provided to individuals aged 18 and older who meet clinical and financial eligibility for nursing facility level of care as defined in RSA 151-E:3, and who choose to receive services in their homes or other community setting when this services costs are less than 50% of average annual cost to provide services in a nursing facility.

Rounded \$000		TOTAL GENERAL			Cost Per
		FUNDS	FUNDS	CASELOAD	Case (Not Rounded) Total Funds
SFY10 Actual		\$49,717	\$2,634	2,568	\$19,360
SFY11 Adj Auth		\$50,790	\$3,117	2,595	\$19,572
SFY12 Maint Req		\$54,413	\$11,328	2,621	\$20,760
SFY13 Maint Req		\$56,957	\$11,390	2,647	\$18,486
SFY12 Governor		\$48,933	\$10,301	2,621	\$18,670
SFY13 Governor		\$49,173	\$9,971	2,647	\$18,577
SFY12 House		\$48,933	\$10,301	2,621	\$18,670
SFY13 House		\$49,173	\$9,971	2,647	\$18,577

SERVICES PROVIDED

Age 18-64: Community Based Services are provided to individuals who meet the clinical and financial eligibility guidelines in RSA 151-E:3:

- ♦ Aid to the Needy Blind (ANB),
- ♦ Aid to the Permanently and Totally Disabled (APTD) or
- ♦ Temporary Assistance to Needy Families (TANF)

Age 65 and Over: Community Based Services are provided to individuals who meet the clinical and financial eligibility guidelines in RSA 151-E:3:

- ♦ Aid to the Needy Blind (ANB),
- ♦ Temporary Assistance to Needy Families (TANF) or
- ♦ Old Age Assistance (OAA)

Home Support Waiver Services: Includes Adult Medical Day, Adult-In Home Care, Respite, Personal Care, Personal Emergency Response System, Home Delivered Meals, Environmental Accessibility Adaptations, Supportive Housing, and Case Management services.

Home Health Waiver Services: Includes Skilled Nursing, Home Health Aide and Homemaker services.

IMPACT IF SERVICES LOST

If Home and Community Based Services are eliminated:

1. Individuals who now receive assistance with their activities of daily living that enable them to remain in their communities instead of requiring institutional care, would not have access to this care.
2. The additional annual expense to care for these individuals would be \$71,607,510 in nursing home expenditures.
3. During the month of July 2010, 2,925 Medicaid-eligible individuals participated in Choices For Independence, all of whom are clinically and financially eligible to receive nursing facility services.
4. 60% of the 2,925 Choices For Independence clients (representing 1,755 clients) are aged 65 and over. If these 1,755 Medicaid-eligible individuals moved into nursing facilities due to the unavailability of home-based care, at an annualized average cost of \$66,203 (including Medicaid Quality Incentive Payment), rather than Choices For Independence, at an average annualized cost of \$25,401, the additional annual expense would be \$71,607,510.
5. This would reduce or eliminate revenue for the agencies that provide these services.
6. Many jobs would be lost by staff of the agencies affected by the elimination of the Home and Community Based Services, which would have a negative impact on the local economy.
7. Any reduction in the amount of time spent by direct service staff with a Choices For Independence participant could result in an increase in caregiver burden, which has been correlated to an increase in nursing home admissions.
8. Participants who spend less time with in-home care workers may become isolated and at risk of self-neglect or physical danger.
9. Department of Health and Human Services would lose the 50% Federal matching funds for these services.

048-6173 & 5942 MID-LEVEL CARE (505)

CLIENT PROFILE

Mid-Level Care services are provided to individuals who have been found eligible to participate in the Home and Community Based Care program, Choices for Independence, and who have chosen to receive services in a licensed residential care facility instead of a nursing facility. Program participants are aged 18 and older. They must meet clinical and financial eligibility guidelines in RSA 151-E:3, and their care costs must be less than 60% of average annual cost to provide services in a nursing facility.

Rounded to \$000		TOTAL FUNDS	GENERAL FUNDS	CASELOAD	Cost Per Case (Not Rounded) Total Funds
SFY10	Actual	6,239	\$331	363	17187
SFY11	Adj Auth	8,818	\$541	406	21718
SFY12	Maint Req	7,812	\$1,626	455	17170
SFY13	Maint Req	8,925	\$1,818	509	17534
SFY12	Governor	7,812	\$1,614	455	17169
SFY13	Governor	8,925	\$1,810	509	17534
SFY12	House	7,812	\$1,614	455	17169
SFY13	House	8,925	\$1,810	509	17534

SERVICES PROVIDED

Mid-Level Care Services are provided on a 24/7 basis by licensed Residential Care facilities for persons eligible for the Home and Community Based Care program, Choices for Independence. The average Medicaid payment per mid-level care resident is approximately 40% of that of the average Medicaid nursing home payment per resident. Such low reimbursement for 24/7 service provided in a licensed setting has slowed both the development and the utilization of this very cost-effective service, and it has discouraged new facilities from enrolling as Medicaid providers.

IMPACT IF SERVICES LOST

If Mid-Level Care Services were eliminated:

1. Eligible residents would not be able to continue to live in these licensed facilities and would be required to move into nursing facilities.
2. This would reduce or eliminate revenue for the licensed facilities that provide mid-level care and many would no longer remain in business.
3. As a result of 2. above, many jobs would be lost by staff of the facilities affected by the elimination of the mid-level care, negatively impacting the local economy.
4. The costs of these eliminated services would shift to county and local governments due to the local welfare laws
5. The department receives numerous inquiries from prospective providers potentially interested in enrolling as residential care providers; however, upon hearing of the extraordinarily low rates of reimbursement they are no longer interested.

048-6173 OTHER NURSING SERVICES (509)

CLIENT PROFILE

Other Nursing Homes provides nursing facility services for people eligible for Medicaid under Aid to the needy Blind (ANB), and children at Cedarcrest, the only Intermediate Care Facility for the Mentally Retarded (ICF-MR) facility in New Hampshire.

Rounded \$000		TOTAL GENERAL FUNDS FUNDS CASELOAD	Cost Per Case (Not Rounded) Total Funds	
SFY10 Actual	\$3,787	\$1,893	37	\$102,351
SFY11 Adj Auth	\$4,810	\$2,405	35	\$137,429
Maint				
SFY12 Req	\$4,391	\$2,195	39	\$112,590
Maint				
SFY13 Req	\$4,479	\$2,195	39	\$114,846
SFY12 Governor	\$4,391	\$2,239	39	\$112,590
SFY13 Governor	\$4,479	\$2,239	39	\$114,846
SFY12 House	\$4,391	\$2,239	39	\$112,590
SFY13 House	\$4,479	\$2,239	39	\$114,846

SERVICES PROVIDED

The other Nursing Home category consists of services provided by Cedarcrest, an Intermediate Care Facility for the Mentally Retarded (ICF-MR) serving children who are severely disabled. This facility has a capacity of 24 children and depends primarily upon Medicaid funds and is the only one of its type on New Hampshire. The reduction would have a detrimental impact on the continuation of services to this extremely vulnerable population. Home and community based services are not adequate to support the special needs of this population. Therefore, the only alternative is placement at out-of-state facilities, which are more costly and would make it more difficult for families to maintain relationships with their children and to prepare for the eventual discharge to the community.

IMPACT IF SERVICES LOST

1. DHHS would be out of compliance with CMS regulation 42 CFR Part 440, which requires coverage of nursing facility services by every Medicaid program.
2. DHHS would lose the 50% federal matching funds for services provided to seniors, adults and children with disabilities who require nursing facility level of care.
3. The loss would have a detrimental impact on the financial viability of these providers, as they are funded primarily by the Medicaid Program.
4. Lost jobs due to nursing facilities closing will negatively impact the economy of local communities.
5. Increased dependence on communities to assist individuals in need.

048-6180 LTC ASSESSMENT & COUNSELING (ALL)

CLIENT PROFILE

A substantial portion of these funds are allocated to the ServiceLink Resource Center program, a locally based information and assistance resource for long-term care and community services for the elderly and for adults with disabilities. ServiceLink is the single point of entry for Medicaid funded long-term care for seniors and adults with disabilities. Funds are also used to reimburse providers whose nurses are trained to complete the Medical Eligibility Determination (MED) assessment instrument for Medicaid-covered long-term care.

Rounded		TOTAL GENERAL	
\$000		FUNDS	FUNDS
SFY10 Actual		\$1,391	\$690
SFY11 Adj Auth		\$1,777	\$888
	Maint		
SFY12 Req		\$1,790	\$895
	Maint		
SFY13 Req		\$1,816	\$908
SFY12 Governor		\$1,778	\$889
SFY13 Governor		\$1,780	\$890
SFY12 House		\$1,778	\$889
SFY13 House		\$1,780	\$890

SERVICES PROVIDED

Services provided under this heading include a number of activities related to the clinical eligibility determination process for Medicaid-funded long-term care, including both nursing home care and home and community based services. It funds a portion of the ServiceLink Resource Center operation that provides long term care counseling to nursing home applicants mandated under RSA 151-E, the salaries of the Bureau of Elderly and Adult Services Long-Term Care Nurses, and reimbursement for trained community nurses who complete the Medical Eligibility assessment required to establish an individual's clinical eligibility for long term care.

IMPACT IF SERVICES LOST

1. DHHS would lose the 50% federal matching funds that enable ServiceLink to provide the information and assistance resource for long-term care and services for elderly and disabled adults.
2. Individuals and families would no longer have the supported decision model that ServiceLink provides to help them consider all of their options for care when that care is needed, not just nursing home care.
3. Over time, the medical eligibility process has become standardized, with uniform procedures and process flows. The lack of uniformity that would result if funding for the registered nurses were eliminated would result in eligibility errors that would have a financial impact for the State and would increase admission to Nursing Facilities.

048-8915 CONGREGATE HOUSING (ALL)

CLIENT PROFILE

Congregate Housing Program services are provided at nine public housing sites that provide supportive services to frail elderly and incapacitated adults who reside there.

Rounded		TOTAL GENERAL	
\$000		FUNDS	FUNDS
SFY10	Actual	\$764	\$764
SFY11	Adj Auth	\$736	\$736
	Maint		
SFY12	Req	\$751	\$751
	Maint		
SFY13	Req	\$766	\$766
SFY12	Governor	\$737	\$737
SFY13	Governor	\$737	\$737
SFY12	House	\$0	\$0
SFY13	House	\$0	\$0

SERVICES PROVIDED

Congregate Housing Program Supportive services include transportation to scheduled medical appointments, meals, personal assistance, housekeeping, and service coordination. Individuals who reside at these locations are unable to maintain their independence without the supportive services provided.

IMPACT IF SERVICES LOST

If Congregate Housing Program services were eliminated:

1. Department of Health and Human Services would be in violation of RSA 161-F:39 and 24 CFR700.
2. Rate cuts and/or contracted unit cuts would result in providers being unable to continue providing services due to the loss of the state as a funding partner.
3. Individuals who lose access to these services would be at great risk of decline.
4. Without these services, some individuals would deteriorate to the point where more costly nursing facility care would become necessary.

048-9255 SOCIAL SERVICES BLOCK GRANT (ALL)

CLIENT PROFILE

Social Services Block Grant Services are provided to individuals 18 years of age and older. There is an income eligibility limit currently at \$1,116 per month per person. The services are provided by contracted agencies and other vendors throughout the State. Services are means-tested. Eligibility must be redetermined annually. These services have traditionally served low-income individuals who do not meet Medicaid financial eligibility but who cannot pay privately for their services. Many are at or near clinical eligibility for nursing home care.

Rounded		TOTAL GENERAL	
\$000		FUNDS	FUNDS
SFY10	Actual	\$10,097	\$5,493
SFY11	Adj Auth	\$10,842	\$5,617
SFY12	Maint Req	\$11,058	\$5,833
SFY13	Maint Req	\$11,279	\$6,054
SFY12	Governor	\$10,738	\$5,679
SFY13	Governor	\$10,785	\$5,816
SFY12	House	\$10,738	\$5,679
SFY13	House	\$10,785	\$5,816

SERVICES PROVIDED

The Social Service Block Grant provides the following services:

- Adult In Home Care,
- Homemaker,
- Adult Day Services,
- Emergency Support Services, authorized by Bureau of Elderly and Adult Services District Offices, and
- Home Delivered Meals.

IMPACT IF SERVICES LOST

If the Social Service Block Grant is eliminated:

1. These reductions/elimination would reduce the provision of these contracted services to community residents and have a negative impact on their health and safety.
2. Rate cuts and/or contracted unit cuts could result in providers deciding not to continue providing services if reimbursement is deemed to be inadequate and/or the number of units is not sustainable for that particular program.
3. Individuals who would not have access to these services may suffer poor nutrition or become isolated due to not receiving assistance in their homes or attending group day programs.
4. In addition, some individuals would deteriorate to the point where more expensive nursing home care becomes their only viable option. It can be assumed that the Medicaid long term care caseload will increase as these individuals gradually spend down to eligibility levels.
5. In general, persons receiving these services are more isolated and having home delivered meals provides a safety net inasmuch as contact with the meals provider allows someone to check on their safety.

048 - 5943 Proshare (514)**048 – 5944 Medicaid Quality Incentive Payment (516)****CLIENT PROFILE**

Proportionate Share payments (Proshare) are made to county nursing homes only. Medicaid Quality Incentive Payment (MQIP) is the quarterly payment of supplemental rates to all Medicaid nursing homes. Nursing Facility Services are provided to clients of all ages who meet clinical and financial eligibility guidelines in RSA 151-E:3.

Rounded		Proshare		MQIP	
		TOTAL	GENERAL	TOTAL	GENERAL
\$000		FUNDS	FUNDS	FUNDS	FUNDS
SFY10	Actual	\$9,814	\$0	\$87,860	\$0
SFY11	Adj Auth	\$26,301	\$0	\$84,472	\$0
	Maint				
SFY12	Req	\$18,236	\$0	\$67,501	\$0
	Maint				
SFY13	Req	\$18,600	\$0	\$68,851	\$0
SFY12	Governor	\$23,231	\$0	\$50,626	\$0
SFY13	Governor	\$23,695	\$0	\$51,638	\$0
SFY12	House	\$23,231	\$0	\$50,626	\$0
SFY13	House	\$23,695	\$0	\$51,638	\$0

SERVICES PROVIDED

Proportionate Share (Proshare) payments are made to county nursing homes in accordance with federal regulations. The dollar value for Proportionate Share is calculated annually based upon ten months of actual data and two months of estimates to determine the difference by county facility between the Medicare and Medicaid rates. If Medicaid rates are lowered, that widens the gap and increases what the counties receive in Proshare. However, the counties would only receive half of this variance in federal funding, as the other half would be considered the county match.

Medicaid Quality Incentive Payment (MQIP) is the quarterly payment of supplemental rates to all Medicaid nursing homes. This payment is based upon paid Medicaid bed days using federal dollars matched to the State funds raised through the Nursing Facility Quality Assessment (NFQA) tax, which is a 5.5% assessment fee on net patient service revenue. Federal law will allow this level to be increased on October 1, 2011 to 6.0%. The House chose to not raise the percentage. This payment is designed to bridge the gap between New Hampshire Medicaid acuity based payment rates and fully reimbursing nursing facilities at the full cost, at or near the Federal upper payment limit.

IMPACT IF SERVICES LOST

If both the Proportionate Share (Proshare) payments and the Medicaid Quality Incentive Payment (MQIP) are lost:

1. Nursing facilities would be dramatically impacted by this reduction/elimination.
2. The reduction/elimination would have a detrimental impact on the financial viability of these providers as they are funded primarily by the Medicaid Program.
3. The original SFY2012 and SFY2013, budget projections were based upon an increase in caseload of 0.5% per year. This rate reduction will, therefore, mean a lower reimbursement per resident for a time frame with increased Medicaid occupancy.
4. Nursing facilities also received supplemental funds from American Recovery and Reinvestment Act (ARRA) of approximately \$18 million per year during SFY2010 and SFY2011. American Recovery and Reinvestment Act (ARRA) funding is scheduled to end on June 30, 2011.

If only Medicaid Quality Incentive Payments are lost:

1. Additional Federal dollars will not be leveraged for nursing facility cost support.
2. This additional financial burden to non-county facilities would result in providers of nursing facility services closing, causing increased unemployment and an adverse impact on local economies, as well as a reduction in service availability to the citizens of New Hampshire who require this care.
3. Proportionate Share (Proshare) payments to the counties would be increased

If only Proportionate Share (Proshare) payments are lost:

1. There will be a detrimental impact on the financial viability of these county providers as they are funded primarily by the Medicaid Program.

045-6170 OAA APTD GRANTS

CLIENT PROFILE

This category of cash assistance is available to residents who are 65 years of age or older. Eligibility for this category of assistance depends upon income, resources and living arrangement. Individuals determined eligible for cash assistance are also automatically eligible for Medicaid

Rounded		TOTAL GENERAL		Cost Per	
\$000		FUNDS	FUNDS	Case (Not	Total
			CASELOAD	Rounded)	Funds
SFY10	Actual	\$2,939	\$2,816	1,383	\$2,125
SFY11	Adj Auth	\$2,697	\$2,697	1,347	\$2,002
	Maint				
SFY12	Req	\$3,116	\$3,116	1,479	\$2,107
	Maint				
SFY13	Req	\$3,179	\$3,179	1,509	\$2,107
SFY12	Governor	\$2,763	\$2,763	1,394	\$1,982
SFY13	Governor	\$2,846	\$2,846	1,398	\$2,036
SFY12	House	\$2,763	\$2,763	1,394	\$1,982
SFY13	House	\$2,846	\$2,846	1,398	\$2,036

SERVICES PROVIDED-

Cash Assistance

IMPACT IF SERVICES LOST

Four impacts are potential.

- 1) Because the Old Age Assistance (OAA) cash program is mandated by the Social Security Act, New Hampshire would lose 100% of federal Medicaid funding.
- 2) Costs would be downshifted to municipal cities and towns. Statute requires cities and towns to provide basic assistance;
- 3) To the extent that towns are relieved of their statutory burden, churches and charities are the remaining safety nets.
- 4) A reduction to the safety net would mean significant financial deprivation for basic living expenses (rent, clothing, etc) for New Hampshire low-income elderly.

MEDICAL SERVICES FOR ELDERLY
048-6173 Provider Payments and Pharmacy

CLIENT PROFILE

Disabled adults under age 65 are enrolled in Medicaid through the Aid to the Permanently and Totally Disabled (APTD) Program. To qualify, clients must have Home and Community Based Care – Elderly/chronically ill special disability determination and a medical assessment from either a community or nursing home, or a nursing home placement level of care.

APTD Fund Code J						
	Prov Pmt	Prov Pmt	Drugs	Drugs		Cost Per Case (Not Rounded)
	Total Funds	Genl Funds	Total Funds	Genl Funds	Caseload	Total Funds
	Rounded to \$000					
SFY10 Actual	\$21,038	\$10,519	\$2,284	\$1,142	1,752	\$13,312
SFY11 Adj Auth	\$19,638	\$9,819	\$3,013	\$1,507	1,783	\$12,704
SFY12 Maint Req	\$23,002	\$11,501	\$2,639	\$1,319	1,851	\$13,853
SFY13 Maint Req	\$25,649	\$12,825	\$2,750	\$1,375	1,904	\$14,915
SFY12 Governor	\$22,834	\$11,417	\$2,639	\$1,319	1,809	\$14,081
SFY13 Governor	\$25,207	\$12,604	\$2,750	\$1,375	1,827	\$15,302
SFY12 House	\$22,834	\$11,417	\$2,639	\$1,319	1,809	\$14,081
SFY13 House	\$25,207	\$12,604	\$2,750	\$1,375	1,827	\$15,302

SERVICES PROVIDED

Mandate Patients Top Categories of Service

Fed	1,240	OUTPATIENT HOSPITAL GENERAL
Fed	59	SNF NURSING HOME ATYPICAL CARE
Fed	346	SKILL NURSING FAC NURSING HOME
Fed	484	INPATIENT HOSPITAL GENERAL
Fed	1,467	PHYSICIANS SERVICES
Fed	775	FEDERALLY MANDATED SERVICES
State	124	PERSONAL CARE
State	14	STATE MANDATED SERVICES
Opt	519	WHEELCHAIR VAN
Opt	925	FURNISHED MED SUP OR DME
Opt	7	PRIVATE DUTY NURSING
Opt	1,027	OPTIONAL SERVICES
Opt	1,184	DISPENSE PRESCRIBED DRUGS
	1,752	SFY 2010 Unique Count of Patients in Group

SERVICES PROVIDED

Below is a table of optional Medicaid State Plan services. The list includes drugs, which are considered optional Medicaid Services by CMS, but are considered elementary to primary and preventive healthcare by NH Medicaid.

Category of Service Description	Comment on Current Utilization Controls
Drugs	Over-The-Counter (OTC) drug restrictions; dose optimization program requires a Prior Authorization (PA) for the two tablet dosage form, thus encouraging the prescriber to use an "optimized" dosage form; Maximum Allowable Cost (MAC): A program which sets a MAC price for over 4,000 drugs; preferred drug list
Durable Medical equipment and supplies	Prior Authorized, ability to reduce affected by mandatory Medicaid requirements to cover supplies used in home.
Private Duty Nursing	Requires prior authorization per He-W 540.
Personal Care Services	Requires care plan reviewed every 60 days per He-W 552.
Wheelchair van	Limited to 24 trips per year to medical related appointments per He-W 573.
Ambulance Services	Requires medical necessity (emergency)
Psychology	Service limited to 12 visits annually, ability to reduce may be affected by mental health parity requirements in Troubled Assets Relief Program (TARP)
Adult Medical Day Care	Currently requires presence of chronic illness and imminent danger of institutionalization.
Eyeglasses	Currently competitively procured, requires medical necessity. Eyeglass frames purchased under this agreement are guaranteed against breakage for two years from date of purchase.
Medical Services Clinic (Methadone Clinics)	Budget reduced per HB 2, 2009, Rates reduced by 33% in Step 2.

IMPACT IF SERVICES LOST

Approximately 1,750+ eligible clients would lose Medicaid coverage. Highest categories of service utilization for this population are physician services, outpatient hospital and drugs.

MEDICAL SERVICES FOR ELDERLY
048-6173 Provider Payments and Pharmacy

CLIENT PROFILE

Elderly adults are enrolled in Medicaid through the Old Age Assistance program. Client must have Home and Community Based Care – Elderly/chronically ill special eligibility from either community or nursing home, or nursing home placement level of care.

Elderly Fund Code J						
	Prov Pmt	Prov Pmt	Drugs	Drugs		Cost Per Case (Not Rounded)
	Total Funds	Genl Funds	Total Funds	Genl Funds	Caseload	Total Funds
	Rounded to \$000					
SFY10 Actual	\$12,324	\$6,162	\$829	\$415	7,585	\$1,734
SFY11 Adj Auth	\$13,088	\$6,544	\$1,094	\$547	7,718	\$1,838
SFY12 Maint Req	\$15,509	\$7,754	\$958	\$479	8,013	\$2,055
SFY13 Maint Req	\$17,299	\$8,649	\$998	\$499	8,243	\$2,220
SFY12 Governor	\$15,295	\$7,648	\$958	\$479	7,834	\$2,075
SFY13 Governor	\$16,739	\$8,369	\$998	\$499	7,912	\$2,242
SFY12 House	\$15,295	\$7,648	\$958	\$479	7,834	\$2,075
SFY13 House	\$16,739	\$8,369	\$998	\$499	7,912	\$2,242

SERVICES PROVIDED

Mandate	Patients	Top Categories of Service
Fed	3,540	OUTPATIENT HOSPITAL GENERAL
Fed	2,612	SKILL NURSING FAC NURSING HOME
Fed	4	SNF NURSING HOME ATYPICAL CARE
Fed	1,364	INPATIENT HOSPITAL GENERAL
Fed	5,057	PHYSICIANS SERVICES
Fed	2,261	FEDERALLY MANDATED SERVICES
State	25	PERSONAL CARE
State	42	STATE MANDATED SERVICES
Opt	2,084	WHEELCHAIR VAN
Opt	1,774	FURNISHED MED SUP OR DME
Opt	79	ADULT MEDICAL DAY CARE
Opt	3,516	OPTIONAL SERVICES
Opt	5,335	DISPENSE PRESCRIBED DRUGS
	7,585	SFY 2010 Unique Count of Patients in Group

SERVICES PROVIDED

Below is a table of optional Medicaid State Plan services provided. The list includes drugs, which are considered optional Medicaid Services by CMS, but are considered elementary to primary and preventive healthcare by NH Medicaid.

Category of Service Description	Comment on Current Utilization Controls
Drugs	Over-The-Counter (OTC) drug restrictions; dose optimization program requires a Prior Authorization (PA) for the two tablet dosage form, thus encouraging the prescriber to use an "optimized" dosage form; Maximum Allowable Cost (MAC): A program which sets a MAC price for over 4,000 drugs; preferred drug list
Durable Medical equipment and supplies	Prior Authorized, ability to reduce affected by mandatory Medicaid requirements to cover supplies used in home.
Private Duty Nursing	Requires prior authorization per He-W 540.
Personal Care Services	Requires care plan reviewed every 60 days per He-W 552.
Wheelchair van	Limited to 24 trips per year to medical related appointments per He-W 573.
Ambulance Services	Requires medical necessity (emergency)
Psychology	Service limited to 12 visits annually, ability to reduce may be affected by mental health parity requirements in Troubled Assets Relief Program (TARP)
Adult Medical Day Care	Currently requires presence of chronic illness and imminent danger of institutionalization.
Eyeglasses	Currently competitively procured, requires medical necessity. Eyeglass frames purchased under this agreement are guaranteed against breakage for two years from date of purchase.
Medical Services Clinic (Methadone Clinics)	Budget reduced per HB 2, 2009, Rates reduced by 33% in Step 2.

IMPACT IF SERVICES LOST

Approximately 7,500+ eligible clients would lose Medicaid coverage. Highest categories of service utilization for this population are drugs, physician services and other optional services.

MEDICAL SERVICES FOR ELDERLY

095-6147 Provider Payments

CLIENT PROFILE

Elderly adults are enrolled in Medicaid through the Old Age Assistance Program, Other Qualified Medicare beneficiary (QMB) Program or Specialized Low Income Medicare beneficiary (SLMB) Program. The current caseload is 5,300.

Elderly	Prov	Prov	Drugs	Drugs	Caseload	Cost Per
	Pmt	Pmt				Case (Not
						Rounded)
	Total	Genl	Total	Genl		Total
	Funds	Funds	Funds	Funds		Funds
	Rounded to \$000					
SFY10 Actual	\$11,065	\$5,533	\$2,109	\$1,055	5,230	\$2,519
SFY11 Adj Auth	\$12,362	\$6,181	\$2,502	\$1,251	5,322	\$2,793
SFY12 Maint Req	\$13,214	\$6,607	\$2,316	\$1,158	5,525	\$2,811
SFY13 Maint Req	\$14,668	\$7,334	\$2,443	\$1,221	5,684	\$3,010
SFY12 Governor	\$12,107	\$5,291	\$2,295	\$1,147	5,401	\$2,667
SFY13 Governor	\$12,260	\$5,309	\$2,421	\$1,210	5,455	\$2,691
SFY12 House	\$11,876	\$3,064	\$2,295	\$1,035	5,401	\$2,624
SFY13 House	\$12,029	\$2,923	\$2,421	\$1,077	5,455	\$2,649

SERVICES PROVIDED

Mandate	Patients	Top Categories of Service
Fed	3,423	OUTPATIENT HOSPITAL GENERAL
Fed	714	SKILL NURSING FAC NURSING HOME
Fed	945	INPATIENT HOSPITAL GENERAL
Fed	4,199	PHYSICIANS SERVICES
Fed	1,599	OTHER FED MANDATE
State	9	OTHER STATE MANDATE
Opt	1,447	MEDICAL SUPPLIES AND DME
Opt	2,136	OTHER OPTIONAL
Opt	2,150	DISPENSE PRESCRIBED DRUGS
	5,230	SFY 2010 Unique Count of Patients in Group

SERVICES PROVIDED

Below is a table of optional Medicaid State Plan services. The list includes drugs, which are considered optional Medicaid Services by CMS, but are considered elementary to primary and preventive healthcare by NH Medicaid.

Category of Service Description	Comment on Current Utilization Controls
Drugs	Over-The-Counter (OTC) drug restrictions; dose optimization program requires a Prior Authorization (PA) for the two tablet dosage form, thus encouraging the prescriber to use an "optimized" dosage form; Maximum Allowable Cost (MAC): A program which sets a MAC price for over 4,000 drugs; preferred drug list
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Medical Services Clinic (Methadone Clinics)	Budget reduced per HB 2, 2009, Rates reduced by 33% in Step 2.

IMPACT IF SERVICES LOST

This eligibility category is subject to maintenance of effort requirement as found in the PPACA federal legislation as it relates to eligibility. Highest categories of service utilization for this population are physician services, outpatient hospital services, and drugs. Medicaid optional benefits can be eliminated for this eligibility group however DHHS does not recommend elimination of pharmacy benefit.